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Native Women's

BREAST AND CERVICAL HEALTH

MAGAZINE

The Ceremony of Womanhood:
Then and Now!

Personal Stories:
The Courage of Breast Cancer Survivors

Make Up Tips
During Chemo

Craft How-to's:

So, What Exactly *is* Flower Pounding?

Indian Humor and Health
...and More!

Healthy?
Fast Food
Now You Can!

(1886-1962) **Annie (Charley) Brenner** *of Squaxin Island (Squi-Aitl Band) and Quinault descent, was born and raised on Eld Inlet, where she remained all her life. There, she and her husband ran a successful oyster company while raising 5 children.*

(1890?-1986?) **Edith Heck** *resided on the Chehalis reservation most of her life. An active community member, she was Secretary for the Tribal Council for many years.*

[1881-1978] **Louisa Pulsifer**, *(Indian name, Qwataeleu) was one of the last Skokomish tribal members to be born in the tribe's longhouse. She was also one of the most knowledgeable elders on Skokomish traditions of her time. A respected basket maker, she specialized in soft twine baskets using sweet grass, bear grass and cedar bark as her materials.*

(1884?-1967) **Alice (Jackson) Kalama**, *an enrolled Puyallup tribal member, married Peter Kalama of the Nisqually Tribe. She raised 12 children on the Nisqually reservation where she remained all of her adult life.*

[1910-1986] **Rachel Whitish**, *a Chinook and Lower Chehalis Indian, raised 12 children most of whom still reside on the Shoalwater Bay reservation. She served her tribe in a number of ways for many years including several terms as tribal chair. "She embodied what I call, Native Americanism," Grandson Tom Anderson says. "She didn't make baskets or speak the language but she was still, always an Indian."*

Our old women gods, we ask you!
Our old women gods, we ask you!
Then give us long life together,
May we live until our frosted hair
Is white; may we live till then
This life that now we know!

–Tewa prayer

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Disclaimer

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Also, please note that the phrase "see your doctor" refers also to tribal clinic professionals such as a Physician's Assistant, a Nurse Practitioner and/or a Nurse Midwife.

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Editorial Credits

Patricia Provo, SPIPA's Public Information Coordinator, served as managing editor, writer and photographer. Char Simons of Paradise Communications acted as writer and editorial consultant. Bruce Subiyay Miller provided original illustrations and gave us permission to photograph his baskets to use as graphic elements. Doug Baxter of Graphic Strategies designed and photo edited the magazine. Dr. Eugene Sine photographed the picture used on the health tip bookmark insert. Carol Cordova is the program director for SPIPA's five-tribe Breast and Cervical Cancer Early Detection Program.

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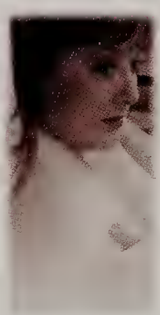

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On the cover are Shirley Lopeman and mother Mabel Cooper from the Squaxin Island Tribe. Both women are participants of the Breast and Cervical Cancer Early Detection Program.

Women Talk

Not so long ago, when the women from the Nisqually valley wanted to teach the old ways to their daughters, they would gather with elder women inside one of the longhouses, near Medicine Creek, or any of the other villages spread across what is now called the Nisqually Basin.

Today, several young women meet—often daily—at a HUD house at the end of a paved cul-de-sac on Chickaman Court road on the edge of the reservation. Elder Consuelo Sison and the young women, ages 14-17, are members of the Nisqually Tribe. They have chosen to call today's meeting "Woman Talk" because the subject they have gathered to discuss is for grown-up women only. They are talking about sex, and particularly about sexually transmitted diseases and the risk of cervical cancer for sexually active women.

For fun and anonymity, all seven of the young women choose favorite names to use other than their own. Many of the names are taken from celebrities, others are after people they admired. Present then, are: Rosanne, Darlene, Renee, Tina, Jaden, Tatianna, and Sabrina. Thank you to all of them for the honesty and heart they are sharing for *Native Women's Health*.

In a circle on the floor we begin:

Native Woman's Health (N.W.H.): *Did anyone prepare you for what to expect when you started your menstruation?*

Rosanne: We had films in school but no one I know talked to me about it.

N.W.H.: *So did you know what was happening when you began to bleed?*

Jaden: I did, but I started crying anyway. I was home all alone so I called my aunt at work to come over. I didn't tell her what was happening until she got there.

Tatianna: I was camping with my family. I didn't have any supplies but I talked to my aunt and luckily, she did. I don't know what I would have done if she didn't.

N.W.H.: *So, you had some sex-education at school. Did they teach you about Pap tests?*

Darlene: Looks confused.

Sabrina: Shrugs her shoulders.

N.W.H.: *Was there anyone who shared with you what a Pap test is and when to start having them?*

Jaden: My mom did. She made me go on birth control and I had to have an exam first. I've had two Pap smears. It's kind of icky.

Consuelo (an elder): But it's important too, right? It's how we take care of ourselves, right?

Jaden (nods): Yeah, I guess.

Tatianna: I've had one too.

N.W.H.: *How many of you know that you should begin having Pap smear tests at age 18 or when you become sexually active?*

All teenagers: Look at each other with blank expressions.

N.W.H.: *How many of you know that having sex increases your chances for sexually transmitted diseases?*

All teenagers: Raise their hands, and several break in with enthusiastic comments.

Darlene: Even I know you can get diseases...

Renee: Like chlamydia, gonorrhea....

Rosanne: Fakes a gag.

Tatianna: You can get HIV...

Darlene: Herpes too!

N.W.H.: *Did you also know that being sexually active—especially with more than one partner—increases your chances for cervical cancer?*

All teenagers: Varied responses - "No," "Uh ah," "Really?"

N.W.H.: *That's because having sex, especially with more than one partner, provides more opportunity for exposure to infections. HPV [human papillomavirus], a genital warts virus, for instance, can cause cervical cell changes even if there are no visible warts. These changes can leave the cervix susceptible to cancer.*

Jaden: Geeze. I just thought you went in to see if you had any diseases, to see if you are sick. I didn't know about cancer.

N.W.H.: *A Pap smear checks for pre-cancerous cell changes. They actually take a swab of cells from your cervix with a little brush and smear it onto a slide. Then, at the lab ,they look at the slide under a microscope for abnormal cells. In other words, having sex is a pretty big responsibility. So why do you think so many girls are having sex and with multiple partners at such an early age?*

Rosanne: I can go to school any day and outside class hear all the kids talking crap—you know, about how they scored last night—even the girls. They aren't just kids from the reservation. I can hear them trying to impress each other with the talk and I know some of it isn't true. Then some girls will come up to me and ask what I did last weekend so they can tell me what they did. When they start to tell me they had sex or they did this, they did that, I just say, hey, I don't want to hear it. They are trying to influence me the way they got influenced by someone else.

N.W.H.: *So it's about peer pressure?*

Renee: Yeah, it's about impressing each other. At my school, there is no such thing as a secret. Everybody is always talking.

N.W.H.: *Is it true that using alcohol and drugs increases the chance of having sex?*

Jaden: Yes, but you can't blame it on the alcohol...

Renee: You are still the one who chooses to drink in the first place.

Rosanne: I know so many people who are totally different sober than when they're doing drugs and alcohol—people in my family, for instance.

N.W.H.: *So what is the difference between a girl who ends up having sex, and a girl who chooses to wait?*

Tatianna: I can see girls struggling after they have a baby.

Rosanne: I know a 13-year-old with two kids already. She has to live with her mom.

Tina: I know a girl who has had more than one abortion.

Jaden: The ones with kids, later when they get older, if they want to do some traveling...

Rosanne: If they want to go "clubbin'," they can't do it. They can't do anything *now.*

Darlene: Their whole life is about kids now. Well, it should be anyway. I mean, here they are, having to be responsible for babies when they haven't learned how to be responsible for themselves.

N.W.H.: *Are the fathers around anymore? Do they help?*

Darlene: I don't see any. It's kind of like, 'hit it and quit it.' At least that's what I hear the guys say. It makes you think.

N.W.H.: *Are you saying that the only difference between you and the girls that get pregnant is that they didn't realize how difficult it would be?*

Renee: Sometimes it's how pushy the guy is too. You have to be O.K. if he rejects you because you won't have sex with him. Besides, if he's that kind of guy, if you do have sex...

Sabrina: He'll be a hero and you'll be a slut.

Renee: Yeah, it'll always be that way.

Rosanne: I've been with my boyfriend seven years and he has never once pushed me to have sex.

Consuelo: These girls all have careers they want too.

Darlene wants to be a photographer, Renee, a hairstylist. Tina wants to work with day care children and with elders too, Tatianna enjoys office work and Sabrina wants to be a cosmetologist. Jaden says she is still thinking about what she wants. Rosanne is already doing the thing she loves most, taking care of children.

Rosanne: I take care of a lot of kids on the reservation, you know, when their parents are out drinking and stuff.

Consuelo: Rosanne takes a lot of satisfaction knowing the kids are being taken care of.

Rosanne: Becomes misty-eyed at the recognition.

N.W.H.: *What about positive role models? Is there anyone who influences your own good judgments?*

Darlene: My grandpa did. I could talk to him about anything.

Tina: For me, it was my gramma....

Tina stops and breaks into silent tears.

Darlene: Rushes to her with a hug and tissue for her eyes.

Sabrina (Tina's sister): Explains that they just lost their gramma, one month ago.

As the circle continues, it becomes clear that most often it is their grandparents that, presently or in the past, have provided a positive influence for these teenagers.

Tatianna: My gramma and grampa are always there. They are something I can count on. They have a computer and they showed me how to use it.

Jaden (smiling): My gramma will take care of anybody that comes over. Everyone calls her their gramma so I have to say, hey wait a minute, she's not your gramma, she's *mine.*

Renee (with tears): For me, it's Consuelo. She changed everything for all of us. She got the ones that were doing drugs to quit. She always talks to us...

Darlene: Yeah, about how difficult it was for her.

Renee: I admire how she changed her own life, before all of us, how she chose to do better, too. She *makes* us do better all the time. If anything bad ever does happen, she'll be the one I can talk to.

The girls look at Consuelo and smile. They know that "Woman Talk" will happen again because she will give them a place to hold their circle in private, in confidence and with guidance.

Consuelo: These girls know better. They know what to do to take care of themselves. Some of them already have the weight of the world on their shoulders. This is one more place they can learn respect. They can take it out into the world with them. They know they need to respect themselves and each other to get it from anyone else. That includes respecting their bodies. If you expect the most from them, that's what you'll get.

The Ceremony of Womanhood

by **Pam James,** *member of the Colville Tribe and Skokomish tribal community.*

Carrying on the tradition: Hazel Pete (right) taught basket weaving to her daughter, Yvonne Peterson, (left) who is now teaching it to her daughter, HoWanUt Peterson, age 14. Hazel Pete's baskets are famous for their traditional Chehalis design and form.

Long, long ago, before the time of machines and cars, hunting and gathering was a way of life and the animal people were the teachers for many of our tribes. It was a time when all people lived a simple existence and there were many ways in which our people honored our connection to the Creator and to all things.

Growing from a girl or a boy into a woman or a man held great honor and responsibility. It was believed, however, that the Creator gave women the greatest gift of all: the ability to bring forth life. Prayer and ceremony was our way of thanking the Creator for that gift. To harm a woman or a child was to insult the gift of life itself.

There were four life phases for a woman. The first phase was birth through childhood, the second phase was called youth. The third life phase, womanhood, came with the onset of menstruation and the fourth phase was elder, or the time after menopause.

When a young girl began her moon cycle of life into womanhood, a great ceremony was held to honor her. The elder women would begin to prepare for her "life change." The young woman was taken into her home and was laid into bed. The elder women fed her and gave her drink. She was not to do any gathering or work at the time of her moon. She was considered to be at the most powerful time in her life. The passing of life's blood was the Creator's gift that all things have cycles and all things are connected to the moon, sun, stars and to the animal and plant people.

After the woman's first cycle passed, the elders washed the women and smudged her with burning sage smoke. Then they built a sweat of red willow branches and sweat the young woman for three nights. While sweating, the young woman was instructed to pray four times. First, she prayed with a branch of cedar, which represented a prayer for medicines. She prayed again with *kinik kinik* (Indian tobacco) for spirit, and next with *yeyista* (wild rose) for purpose. Finally, she prayed with a branch of blue spruce which represented her responsibility for life. The elder women remained gathered around the fire near the sweat, teaching the young woman about her role and responsibility as a woman.

On the fourth day, the entire village held a great feast and ceremony. The young woman was wrapped in a blanket and stand before the village. An elder woman spoke for the young woman. She told the village of the teachings the young woman had received and about her role and responsibility to womanhood and to the tribe. The whole village was witness to this young woman being presented. She no longer wore the clothing of a youth. She had been given the gift of the Creator to give the gift of life. She was now a woman.

This story is not representative of all tribes. It was written with the intent to share one of the many ways of our Native peoples.

Leona's Story: A Circle of Children

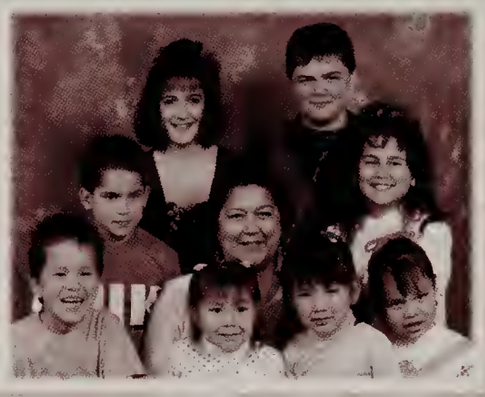
by Patricia Provo

She is called Auntie by some, Grandma by others. It doesn't matter, she'll answer to either. That is because Leona has been running a day care so long on the Skokomish reservation, that she has become a part of many families.

A typical day starts at 6 a.m., with as many as five pre-schoolers set to spend the entire day with her. Three more children show up after school and then there are her own teenagers: Patty and Marie. Leona adopted the sisters ten and eight years ago, respectively. Lucille, now 14 years old, is a foster child who has been in Leona's life since she was a baby. Four more children, including daughters Kimberly and Chris, and sons Doug and Adam, are grown and out of the home. In other words, you might get some quiet time with Leona after lunch, but only if you don't step on any napping toddlers.

Even a double mastectomy ten months ago did not stop her daily routine. "It only interrupted it for a while," Leona smiles.

Sonja Gee, a friend and day care assistant, filled in for two weeks while Leona was at Capital Medical Center for surgery and recovery. Sonja continues to help nearly four hours each day when Leona is gone for her radiation appointments.



Surrounded by love: Leonna Miller (center) is encircled by children, foster children and grandchildren. They are, (from right bottom clockwise): Lucille, Marie, Patty, Frankie, Gerald, Kris, Adam and Kimberly. Not shown is daughter Kimberly, and son, Douglas.

Leona has had five biopsies in the past twenty years. "Something was always showing up," she says. The results turned out benign each time. That is why when the Skokomish Tribal Health Clinic called with a concern over her latest screening, "Part of me thought, oh this is nothing new. But I could tell by [former clinic women's health provider, Teri Kovac's] reaction, that this was not just another lump."

"Cancer is in the family. I lost an older sister Kathyrn to breast cancer. I must have been fifteen or sixteen." Next to get breast cancer was Leona's sister, Louella, who had a breast removed.

"When they went in to do some reconstructive surgery using the other breast, they discovered cancer in that one too." More amazing to Leona is that Louella never told anyone about her medical condition until she was done with her second surgery. "Not me, I'm the kind that tells the world," smiles Leona. Louella has been cancer free since that surgery, nearly twenty years ago.

This time, however, Leona's suspicious mass turned out to be malignant. "I was told it was the most aggressive kind there is." That fact along with her sisters' history with cancer, prompted Leona to have both breasts removed even though cancer had only shown in her left. "It was a decision I made on my own," she says.

In a style true to her natural willingness, Leona volunteered to be part of a research study following surgery to help determine the best combination of medicines for chemotherapy treatment. "I thought, if it helps someone else out, why not?"

"There were four different combinations of medicines. Which one you got was chosen at random. I was given a combination of adriamiyacin and cytoxan." While it may have been an individual reaction, Leona never felt ill. "I lost all my hair but I didn't get sick."

Next were three initial radiation treatments. "When Dr. Horton looked at the follow- up x-rays though, he said I had to continue."

Then, just six months after her first surgery, Leona complained of "the worst pain," under her left arm. New x-rays, a CAT scan and an MRI were ordered—and another surgery was scheduled.

But good news came: The post-surgery biopsy showed the new lump was just scar tissue. "Afterwards my doctor told me he had five other doctors looking at the tests before the surgery. He said they were confident it was more cancer." The doctors were amazed—and delighted—when they turned out to be wrong. "You tell me what that was all about," smiles Leona referring to the Native American faith healing ceremony her friends and family held for her when they learned she had to go through a second surgery.

"I think so much of this is about faith, about expectations. I read somewhere how 30 percent of all cancer patients just expect their doctor's treatments to take care of them. Another 30 percent are so miserable they welcome death. Then there are 30 percent who are the true survivors. They have the attitude, the behavior and the outlook to make it through the worst. I could see that in chemo [treatment] in the people all around me. There were those that came in saying hello to the rest of us, and those that were just there. They had no response, no smile."

Support is important too. But it has to be the right kind for each person, Leona says. For instance, she learned that the American Cancer Society would pay her 13 cents a mile to get to her radiation treatments. She also attended its "Look Good, Feel Better" classes. "They had some beautiful wigs and bras," Leona says. "A woman from Nordstrom or maybe it was the Bon, came in and showed us how to use all the cleansers and makeup they gave us." Another idea of support, however, did not suit Leona.

"The clinic tried to help by setting me up with CHORE Services." The home care services would have assisted Leona with meal preparation, house-keeping and other tasks. "But I would have had to give up my day care," Leona says. "This is my living."

At that, eighteen-month-old James, who had been asleep on the couch, began to stir. Two-year-old Anthony was beginning to make noises from the bedroom down the hall. Within moments Kodiak would awaken and Katrina would likely follow. Soon the house would be filled with children's voices and young life.

"This here, this is what I need to do," Leona says.

Native Plants and Their Traditional Uses

by Charlene Poste, Chair, Heritage Committee, Squaxin Island Tribe

Reaching beyond memory into a time when the existence of the people was young, one of the legends passed through the generations to the tribal people was about a star child. The "star child" became a man who taught the people what herbs to eat, where to find medicinal plants, how to fish, make arrows and canoes....

As gatherers, our maternal ancestors knew the qualities of plants that grew wild in the woods and meadows that surrounded their homes. Some plants were used as a cleansing agent, others for ridding the body of a cold or flu.

Following are some common plants that the women who came before us, used to treat ailments in themselves and the families they cared for. While modern science is acknowledging the medicinal qualities of many natural plants and herbs, the uses described below come from oral information passed down from one generation of Native women to the next.

Remember: If you have a medical condition, talk to your doctor before taking any supplements, natural or otherwise. Naturopathic doctors are also a good source for understanding the appropriate doses of natural plants and herbs in treating minor ailments.

Western Red Cedar: *xpa'yats, (Botanical name: Thuja) Buds of cedar were chewed for lung ailments and toothaches and were also boiled for use as a gargle. Limb tips were boiled and used for coughs and cold medicine. Limbs were used for scouring the body during baths. *Ceremonial uses:* As a preparation to ceremony for a Spirit Quest, it was placed under beds and was also rubbed on the body after a ceremonial cleansing. Singed cedar was used to cleanse a house after a death.

Blackberry: **w3d3'baxW (Botanical name: Rubus fracticosus) *Medicinal qualities:* Leaves were boiled to make a tea good for stomach trouble, toothache pain and to lessen labor pains and to disinfect wounds.

Gooseberry: *T!EbE'xu (Botanical name: ribes lobbii) The roots of the gooseberry shrub were boiled to make a drink for an infusion for sore throat, tuberculosis and venereal disease. The bark was soaked in water and used as an eyewash for conjunctivitis.

Orange Honeysuckle: *yaydu'wats (Botanical name: unknown) Leaves were soaked momentarily in tepid water and drunk as a tea for "womb trouble."

Stinging Nettles: **T3b?3'xWay (Botanical name: Urtica dioica) Leaves were boiled for a tea that was thought to speed the delivery of infants, for a head cold remedy and to ease headaches. Leaves were also used as a compress and applied directly to joints to relieve pain and as an aid to relaxing muscles.

Yarrow: *sqikdzu'xap (Botanical name: Achillea millefolium) Leaves were boiled and used as an eyewash and as a tea to purify the blood and to treat colds, tuberculosis and stomach trouble. Raw leaves were eaten to relieve child birthing pain, and to help heal the uterus.

Ocean Spray: *qatsa'gwats (Botanical name: Holodisus discolor) Seeds were mixed with pule'la (wild cherry bark) to make a tea good for blood purification, and for sore feet. Blossoms were used to reduce bloating.Bark was boiled and used for an eye wash. Leaves were boiled for use as a foot soak.

Salmonberry: *stu/gwa Dats (Botanical name: Rubus pariflorus) Bark was pounded into a mush and used to lessen pain for toothaches and festering wounds. Bark and leaves were made into tea and used to clean wounds.

***The Lu-shoot-seed language of the Seven Inlet bands of the Squaxin Island Tribe.**
****The Twana language of the Skokomish Tribe.**

Additional information was gathered from *The Untold Story of Drugs, Micronutrients and Toxins in Plants, Northwest Edition*, by Mark E. Bates, teacher at the Wah-he-Lut Indian School. Mark cites his Native American ethnobotany from Erna Gunther, *Ethnobotany of Western Washington*, University of Washington Press, 1973.

Treating the Whole Person

by Charlene Poste

Early U.S. written history taught that the man Ponce' DeLeon came to the Americas supposedly looking for the fountain of youth. He believed American Indians had access to this well spring.

Throughout tribal history, there are stories of the longevity of tribal people. It was not uncommon for a family to have a matriarch or patriarch live to see their own "seventh generation." Tribal nations from the east coast to the west are still taught to consider how their decisions will affect the seventh generation.

With Native Americans living shorter lives today than most other ethnic groups, we have to ask ourselves, how our ancestors achieved such longevity.

The answer may lie in the fact that before the introduction of European culture, tribal youth were taught from a very young age about honoring the sacred. The sacred Spirit was the one to give the breath of life. Tribal people were taught that because they breathe and because they too can create life, they were also sacred. If one became ill, the body, mind, emotions and spiritual aspects of the person were treated. The treatment was held in a sacred manner as a ceremony and explained to the person so they would understand and help the practitioner in the treatment process. Prayer and good thoughts were requested from the community and involvement was held in high regard for the success of treatments. In the teachings from the tribal elders, it is the loving kindness of kinship that helped keep the well-spring of longevity flowing.

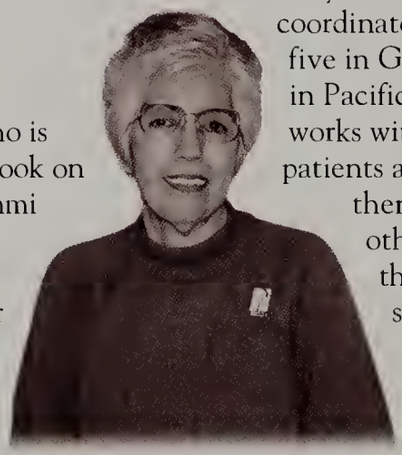
Look at me, friend! I come to ask for your dress, for you have come to take pity on us; for there is nothing for which you cannot be used...for you are willing to give us your dress. I come to beg you for this, long life-make, for I am going to make a basket for lily roots out of you. Take care friend! Keep sickness away from me, so that I may not be killed by sickness or in war, O friend!'

A Cedar Gathering Prayer
Kwakiutl Woman, British Columbia

Cancer Support, Woman to Woman

by Char Simons

When Marlene Oliver Dixon visits breast cancer patients, she draws on some of her Native wisdom to help women through what is one of the most traumatic events in their lives.



"I try to be as serene as possible," says Dixon, who is Quinault, Cowlitz, Chinook on her father's side and Lummi and Duwamish on her mother's. "I draw on the way my mother is. In our Reach to Recovery training, we are told to avoid discussing religion and politics. But when you're talking with people, you already very often know their philosophy because they talk about their faith and you have to respond to that. Faith is what got me through it."

"I worry less about the ones who cry or get angry, that's part of healing," says Marlene Dixon, coordinator for the Reach to Recovery cancer support group. "Women who want to go home as if nothing has happened will eventually need someone to talk to."

Faith, the love and support of her family and the Reach to Recovery volunteers helped Dixon survive two bouts of breast cancer in 1981 and 1982. Marlene was 49, and she discovered the first lump herself. "I went to the doctor who immediately sent me to a surgeon who said we needed to do a biopsy. I was in there the next day. Indeed it was cancer. I got a second opinion, then had surgery and radiation treatment. A year later, I had reconstruction on both sides. I knew I was at high risk on the other side, and sure enough, they found cancer there too. I then had radiation a second time." She has been cancer-free ever since.

In 1983, Marlene was trained and started volunteering with the Grays Harbor/Pacific Counties chapter of Reach to Recovery, an international organization that supports women with breast cancer in the hospital and at home. It is sponsored and funded by the American Cancer Society. Today, Marlene is coordinator of seven volunteers, five in Grays Harbor and two in Pacific county. The group works with about 24 cancer patients a year. "Some months there are no patients, other months we see three or four," Marlene says. "Our contacts are confidential. That's important to many women."

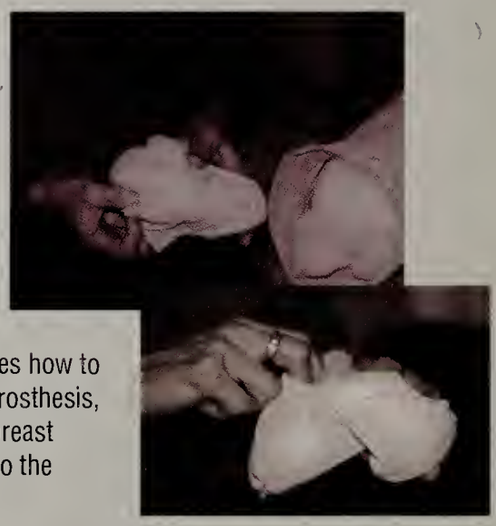
Part of Marlene's job is to match patients with volunteers who have had similar experiences or are of similar ages. "I'll match lumpectomy patients with the lumpectomy volunteer because she relates very well to those patients," she says.

The group has also worked with Hispanic women, teaching them breast self-exam through an interpreter. But Marlene recalls working with only a couple of Native women. "I know there have to be others who have had breast cancer," says Marlene, 67, a retired teacher and school principal.

Whomever she talks with, whether her own family or strangers, this mother of five and grandmother of 5 and one on the way carries the message of prevention. "The thing I talk about the most to women who are willing to listen is early detection and that breast self-exam is very important. I've had my own daughters doing it since they were in their early 20s."

With the exception of a retired nurse, the Grays Harbor and Pacific county Reach to Recovery volunteers have no medical background. What they do have is a wealth of information and experience to share with women who are going through the traumatic experience of breast cancer.

"All we can do is be there and provide them with moral support. We give practical information on arm and hand care. We give them exercises to do to give them the mobility of their arm back," says Marlene, explaining that a mastectomy and lymph node removal causes the underarm to stiffen. "The woman's doctor gives permission on when she can start the exercises. The biggest benefit to patients is the moral support and seeing someone else who's been there, done that and survived. Also, the survival rate now is so high, it's nice to be able to quote that. There's also the benefit to patients of having someone they can call. Many of them say they really don't want to talk to their best friend



Marlene demonstrates how to make a temporary prosthesis, using cotton and a breast form that is pinned to the inside of a bra.

because she just doesn't understand what they're going through."

Family members also are encouraged to be part of the Reach to Recovery visit. "We like to have the husband there in the hospital or the daughter who can listen in and hear what it's all about," Marlene explains.

Because Reach to Recovery in Grays Harbor and Pacific counties is relatively small, volunteers and patients tend to be more intimately acquainted than in bigger cities. "We are a small town, so we do a little bit extra because we end up knowing a lot of the patients. We even have a Celebration for Breast Cancer Survivors in the spring. It's an afternoon of visiting, music and refreshments. It's a fun time, rather than just talking about all the other stuff," Marlene says. "We provide an update on new advances in early detection, treatment, etc. but the emphasis is on the positive steps we've all made.

For more information on Reach to Recovery in Grays Harbor and Pacific counties, call (360)533-2604.

Reach to Recovery:

- Gives pre-op support to help women sort through the range of treatment available.
- Provide a woman with a temporary prosthesis until her doctor says she is ready for a permanent one.
- Track women after post-operation treatment through periodic phone calls.
- Make available American Cancer Society pamphlets on radiation and chemotherapy and resources available to patients.

Native American Breast Cancer Survivor's Network

The Colorado-based Native American Breast Cancer Survivors' Network began in 1998 to improve the quality of life for Native American breast cancer patients and their loved ones. It is run through the Native American Cancer Research, with help from the National Indian Health Board, A Gathering of Cancer Support, Santo Domingo Pueblo, N.M., Indian Health Services, Headquarters West, Albuquerque, N.M., the Native CIRCLE at the Mayo Clinic, Rochester, Minn., and several other American Indian organizations.

Opportunities include:

- Telephone support system so that breast cancer survivors from around the country can talk with each other.
- Breast cancer publications and videos. These are based on interviews with Native women. For instance, My *Journey Beyond Breast Cancer* by Alisa Gilbert (Tewa) is a beautifully illustrated diary of her journey through breast cancer to recovery.
- Support materials for loved ones. Family members may also call the Network for support information and services.
- Diagnostic and treatment information and copies of medical records. Breast cancer survivors can help the Network collect information about detection and treatment among Native women by allowing the Network access to your medical records. This will help improve the amount and quality of information on how breast cancer is affecting Native women.
- Database to learn more about how breast cancer is affecting Native communities. Although more is being learned about how breast cancer affects other racial groups, there is little information about the disease and Native communities.

For more information about how you can become a member of the Native American Breast Cancer Survivors' Network, or about the Native American Cancer Initiatives, call Linda Burhansstipanov at (303) 838-9359.

About the Artist

Bruce subiyay Miller (Skokomish) contributed most of the illustrations in *Native Women's Health*, as well as the intricate Twana twined basketry that was used as the photo-background to pages 16 and 17.

Bruce is recognized as a renown Salish artist for his traditional basketry and weavings, Salish sculpture, woven cedar panels, traditional Twana regalia, Salish storytelling and for the preservation of Twana traditional practices. His art has been seen in numerous Art in Public Places exhibits including at the Sea-Tac airport, at the Tacoma City Light Administration Building, and The Evergreen State College Longhouse.

He is a Master teacher of tuwaduqutSid (Skokomish language) and is one of only five remaining speakers of the language. Aware of its importance to his people, Bruce and apprentice Ralph Pulsifer, documented the language on computer software and a CD ROM disk for future generations.

In addition to his present-day involvement as the director, playwright and performer for sha bu bush, (and numerous theater projects beforehand) Bruce won the United States Bicentennial Playwright's Award in 1976 with the play "Changer." He recently received the Living Legends Special Recognition Award from Brigham Young University.

While Bruce is often celebrated for his lifelong preservation of Salish culture and art, it is his family that he wishes to celebrate most. "My family has supported my endeavors since I was a very small child," he often tells people. "They encouraged me be who I am."

The Importance of Cervical Care

Developed in the 1940s, the Pap test is a way of finding abnormal cell changes in the cervix, or opening to the uterus. Pap tests save lives every year. Cervical cancer is a silent disease that rarely shows symptoms. The disease tends to progress slowly in its early stages. That's why yearly Pap tests can detect abnormal cell changes in the cervix and vagina before they turn into cancer.

If your Pap test results are positive, or abnormal, you may be worried and wondering what to do next. Follow-up is needed. Any abnormal cervical changes shown by your Pap test should be diagnosed and treated before they become more serious. The good news is that if a problem is caught before it spreads beyond the cervix, treatment is usually effective. A Pap test usually takes place in your health care provider's office or clinic and only takes 5 minutes to obtain.

The Vulnerable Cervix

Because the cervix opens into the vagina, it is exposed to bacteria and viruses. The bacteria and viruses may travel up the vagina and gather at the mouth of the cervix, sometimes causing sexually transmitted diseases (STDs). Depending on the type of STD, infection may lead to abnormal cervical cell changes.

Almost all sexually active women have a slight risk of developing cervical problems. But some factors increase this risk. STD infection, sex at a young age and smoking, all may increase your risk by making abnormal cell changes more likely.

Often, abnormal Pap test results are linked to the human papillomavirus (HPV). This virus causes an STD commonly called genital warts, which may change the way cervical cells grow. If your Pap test results show an HPV infection, talk with your partner. Because HPV sometimes causes no symptoms for months or even years, your partner may be infected and not know it. Suggest he see a health care provider too.

The Pap Test

The Pap test is a simple procedure, but it may save your life. Usually it is done along with a pelvic examination. In a pelvic exam, your health care provider checks your vagina, uterus and ovaries. During a Pap test:

- An instrument called a speculum holds the vagina open. This allows your health care provider to see your cervix.
- Your health provider then takes some cells from several areas of the cervix.
- The cells are smeared on a glass slide and sent to a lab to be studied under a microscope.
- In most cases, Pap test results takes 7 to 10 days to get back from the lab.

Normal or Abnormal: What to Do About Your Pap Test Results

In eight out of 10 cases, Pap test results are normal. Only a small percentage of pap tests are abnormal. Most abnormal results are not cancer. Three abnormal conditions include, inflammation, a-typia cells and dysplasia. See the glossary on the next page for an explanation of these conditions.

If cancer is found, additional tests need to be done to find out how much of your cervix is affected. Sometimes just the cervix will need to be treated for cancer.

Follow-up Care

Talk with your health care provider about follow-up care if your Pap test results are abnormal. Ask questions, find out what will be done and what you can expect. Your appointment may be scheduled up to two weeks in advance. It's a good idea to post a reminder on your refrigerator.

If under age 18, have a Pap test only if you have had sex. For ages 18 to 40, have a Pap test and pelvic exam every one to two years. If over 40, get checked every year. Even women who have gone through menopause or had a hysterectomy need regular Pap tests.

Lowering Your Risk of Cervical Cancer

- **Don't smoke**
- **Avoid second-hand smoke**
- **Limit your sex partners**
- **Use latex condoms and nonoxynol-9 with sex partners**
- **Get treated if you are exposed to genital warts, human papilloma virus or other sexually transmitted diseases**
- **Have a Pap test at least once a year or as often as recommended by your health care provider**

Glossary of medical terms used in this article:

Atypia cells Cells that are not completely normal but are not considered abnormal to the extent of dysplasia (see below).

Biopsy The removal of a sample of tissue, which is then examined under a microscope to check for cancer cells. Excisional biopsy is surgery to remove an entire lump and an area of normal tissue around it. In incisional biopsy, the surgeon removes just part of the lump. Removal of tissue with a needle is called a fine needle biopsy.

Cervix Opening of the womb. Forms a canal between the uterus and the vagina.

Colposcop A procedure in which a lighted magnifying instrument called a colposcope is used to examine the vagina and cervix.

Dysplasia Cells that show more serious changes in size and shape. These changes may be mild, moderate or severe, and may lead to cancer if not treated.

HPV Human Papillomavirus. A virus that causes a sexually transmitted disease commonly called genital warts, which may change the way cervical cells grow.

Inflammation The size and shape of the cervical cells show changes from irritation or healing.

Ovaries The pair of female reproductive organs that produce eggs and hormones. The ovaries are located in the lower abdomen, one on each side of the uterus.

Pap test A test that determines whether the cells from the cervix are normal.

Pelvic exam A visual and manual (using hands for palpation) inspection of the female organs and pelvic structures for abnormalities. Areas inspected include the urethra, labia, clitoris, vagina, cervix, uterus, ovaries, pelvic muscles and rectum.

Polyps A mass of tissue that develops on the inside wall of a hollow organ .

Risk factor Something that increases a person's chance of developing a disease.

Speculum An instrument used to spread the vagina open so that the cervix can be seen.

Uterus The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which an unborn child develops. Also called the womb.

Vagina The muscular canal between the uterus and the outside of the body.

Yeast Infection Itching and inflammation of the vagina due to an imbalance of flora.

Tsagiglalal:

She Who Watches

by Bruce Miller

According to the legends of the Columbia River people, Coyote visited the spot where "She Who Watches" is located, and he climbed up from the Columbia River to meet her. "She Who Watches" lived up in the rocks where she could look down upon her ancient Wishram village below and know all that was going on. The Columbia River people felt that she protected them from evil spirits and listened to their prayers. She looms large enough that all those who traveled the original river course could see her.

Many scholars of rock art refer to "She Who Watches" as the rock art Mona Lisa because of her enigmatic gaze which follows your every movement. The concentric rings producing her hypnotic eyes are further emphasized by the curved rock surface. These are eyes that originate in northwest coastal art. Her broad mouth with tapered corners reaching far up the sides of her face also borrows a trait repeated in numerous northwest coast designs.

The nearly square mouth opening is an additional feature common to the variations of her images along the Columbia River. Some archaeologists believe she may have had some connection with death ceremonies in early historical times. Nevertheless "She Who Watches" continues to endure. She has watched protectively over her ancient people for centuries, now she looks towards the future, to those not yet born. She is the ancient Mother Spirit telling the Naive American women to take care of themselves because from their bodies comes future generations of the Indian.

Choosing Healthy Food, Even When it's *"Fast"*

Experts agree that we can stay healthy and lower the risk of cancer simply by changing the way we eat. That's why we try to eat five vegetables or fruits a day. Maybe we even use low-fat milk on high-grain cereal. We may even have learned to *enjoy* vinegarette dressing on our salad! As for our family, we might have successfully talked them into eating burritos with soft, flour, non-fried tortillas instead of crunchy fat- fried taco shells.

What do we do though, when we are only halfway done with our errands and the mini-van is filled with children—our own and the neighbor's—and they want to eat now? Like millions of other Americans on the go, we'll probably go to a fast food restaurant.

What? Burgers and fries with "secret sauce" to boot? What about all the high-fat stories we've heard about?

Well, the high-fat stories are true. The other truth, however, is that many fast food restaurants now offer low-fat alternatives in response to the growing demand for healthier food choices. That means it is possible to find a quick meal that won't compromise a healthy diet.

Following are some tips on how to make low-fat, low-calorie choices in a fast food state-of-mind:

- Try an in-store delicatessen at a supermarket. Many offer salad bars or low-fat pre-made salads. When feeding more than yourself, try ordering the pound size of Jell-O or fruit salads and divide it up as needed. Go easy on the potato or macaroni salads, though. They often contain heavy amounts of mayonnaise.
- Delis or sandwich shops such as Subway will also make fresh sandwiches with healthy trimmings. Whole-grain breads, lean meats, low-fat cheeses and sliced vegetables, such as fresh tomatoes and green leaf lettuce can be added quickly and usually at no extra charge.
- When ordering pizza, choose one with lots of vegetables and little or no meat. You can also ask the cook to go light on the cheese. Some restaurants even offer whole-grain crust. You might want to order a salad to go along with your pizza.
- When choosing burgers, find a restaurant that offers a wider range of choices beyond the standard "all-beef patty." For instance, the roast turkey or roast chicken deluxe at Arby's both come with lettuce and tomato on a whole-wheat bun and without the high-fat sauce. Use ketchup and mustard if you want extra taste. Wendy's also highlights low-fat meals, such as their pre-made green salad that comes with a selection of reduced-fat salad dressings. They make a great tasting grilled chicken salad and a grilled chicken sandwich, too. You can also order a baked potato with broccoli, (but skip the cheese on the side) instead of fries at either restaurant.

Your commodity package contains many cancer-fighting foods such as canned carrots, peaches and tomato soup.

Other general guidelines that will help increase your chance of ordering a healthy meal:

- Don't wait until you are starving to eat. Most people order extra-large portions when they feel extra-hungry. A lighter meal will still leave you feeling full but not bloated. Also, try splitting a meal with a child, especially if you know he or she will not eat all of the meal you would have bought for them. And try taking along some healthy snacks, such as carrot sticks or a piece of fruit to tie over until you have time to stop for a meal.
- Remember that "super sizing" your meals can also super-size your fat content—and your waistline.
- "Hold the mayo" and cheese, bacon or any of the other fatty add-ons. Baked potatoes at Wendy's or Arby's contain no fat at all—but the sour cream you put on it does. Instead, order a low-fat topping or salt and pepper for flavor.
- Be selective at Chinese restaurants too. The average take-out serving of Chinese sweet and sour pork or vegetable chow-mein often weighs enough for four people. Use restraint by eating a reasonable portion and saving the rest for another meal.
- Think "whole" and "brown." Many restaurants now make available whole-wheat crusts or breads and such things as brown over white rice and more.

How to avoid fried-foods at take-out:

- Take it easy on fried foods that are described as "crispy," "battered" and even "sautéed." "Fried" rice is obviously fried, so when ordering Chinese, choose "steamed" instead.
- For Mexican food, fajitas, burritos and soft tacos are generally the lowest calorie choices because the corn or flour tortillas aren't fried. Taco Bell is one of the few restaurants that uses water instead of fat to make "refried" beans. Mexican restaurants also offer fat-free sauces like salsa and taco sauces.
- Choose "grilled" anything, over "crispy" something. McDonald's grilled McChicken sandwich, for instance, is one of their lightest fares.

Remember that the less healthy choices outweigh the healthy ones at most take-out restaurants, and it can be hard to tell one from the other. Read the menu carefully and don't hesitate to ask questions. For instance, while fish is generally a lower-fat choice, it is often deep-fried at fast-food restaurants. When feeding children, you may want to make an agreement with them before hand that they can have one of the two choices that *you* suggest. If you occasionally do indulge in a quick high-fat, low-nutrient meal, don't despair. If you are eating fresh fruits and vegetables with the majority of your meals, you are still making good choices and reducing the risk of cancer in your life.

Reduce Cancer Risk with Carrots — Even the Canned Ones

Certain foods, such as sweet potatoes, carrots, cantaloupe, cabbage, tomatoes and even apricots, are especially high in beta-carotene, one of the top cancer-fighting nutrients.

The recipes that follows may finally answer the question of what to do with the canned carrots you get in your commodity food package every month.

Carrot Pineapple Bread

3 eggs
1 cup vegetable oil
1 8-ounce can crushed pineapple, un-drained
3 cups all-purpose flour
1 teaspoon baking soda
2 cups granulated sugar
1 cup finely chopped carrots
2 teaspoons vanilla extract
1 1/2 teaspoon cinnamon
1 teaspoon salt

In a mixing bowl, beat eggs, sugar and oil. Add carrots, pineapple and vanilla. Combine dry ingredients and beat into the carrot mixture. Pour into two greased 8x4x2 loaf pans. Bake at 325 degrees for 60 to 70 minutes until a toothpick inserted near the center comes out clean. Cool in pans for 2 minutes, remove to a wire rack to cool completely. Makes 2 loaves.

Cream of Carrot Soup

2 14-ounce cans sliced carrots
1 cup water (use liquid from canned vegetables)
2 to 3 garlic cloves, minced
1/3 cup flour
1 cup evaporated milk
1 14-ounce can diced potatoes
2 medium onions, chopped
1/4 cup butter or margarine
6 cups milk

In a skillet, sauté onions, and garlic in butter for 10 minutes. Add flour, cook and stir for 2 minutes. Add 1 cup vegetable liquid to skillet mixture and stir until smooth. Put skillet mixture and vegetables in a three-quart sauce pan, stir in milk, and heat thoroughly. Add evaporated milk and continue to heat thoroughly but DO NOT BOIL. If soup is not thick enough for you, add dried potato flakes slowly until it reaches desired thickness.
Serves 10-12.

The recipes above were provided by Louise Hudack, food advisor for South Puget Intertribal Planning Agency's Food Distribution Program. For more commodity recipes, contact the FDP warehouse at (360) 459-9607, ask for Louise.

Lori's Story:
Remembering Grandmother's Wisdom

by Patricia Provo

Lori Hoskins' face is not an easy one to read. Until you get to know her, that is. At the same time that a youthful, almost mischievous smile raises her cheekbones high onto her face, her eyes remain mysterious, hinting at a kind of wisdom that could only have been gained from years of experience with life—and loss. After listening to her story, one learns too, that it is experience that brightened her smile, added sparkle to those knowledgeable eyes, and given her a joyous outlook on life.

Lori's grandmother was Annie Charley-Brenner, daughter of Tenas (Little) Charley, a full blooded Squaxin Island (Squi-Aitl Band) Native American.

"She was a rebel like I am," says Lori with a voice that is warm to friends and strangers alike. "I remember I would complain that I had long feet and she would say, 'It takes long roots to hold up a strong tree.' She always put things in the right perspective."

"My own mother was a strong woman but she lived in a time when it was not cool to show your Indian-ness." Lori's grandmother, however, was born when Chinook-jargon was still being used as her native language.

It was also a time when Indian children were being removed from their homes and sent to Catholic schools. Soon after Annie was taken from her family, she was caught in the woods at the edge of the school's property etching a square tattoo onto her arm. It was an act of rebellion, Lori says. She wanted to permanently mark that, although her body had been stolen, "No one could steal her Indian-ness." Annie did not finish the tattoo before she was discovered by a nun. "I remember it to this day. After all, when I was young I lived in her bed and she shared my room until I was 18," Lori says. Annie passed away in 1962 at 76 years of age.

Lori drew strength from her grandmother, even after she passed on, when dealing with breast cancer the first time at age 46. She discovered a lump in its early stages, during her monthly self-exam.

"I immediately went to Tiff [Barret], at the Squaxin Clinic," she says. "He confirmed my findings and sent me to Olympia Radiology. The results came back benign."

Still, Tiff was suspicious and he sent Lori to Dr. Chris Griffith, a surgeon. Dr. Griffith inserted a long needle into her breast. "He told me if it came out liquid, it was a cyst. If it came out solid, it might be malignant." The mass appeared to be malignant so he sent Lori to St. Peters Hospital in Olympia for lumpectomy surgery.

"Dr. Griffith returned to the recovery room, held my hand, and told me it was cancer. I responded with, 'Sorry, we already have the family cancer quota." Lori's husband had been diagnosed with prostate cancer two years before.

The news began a process of acceptance for Lori. She felt isolated at first. "I was like an old hound dog. I wanted to stay in a corner and lick my own wounds." Lori then confided with close friends and attended the Puyallup Tribe's first three-day seminar, Women on the Healing Path. She moved from anger and fear, toward faith and hope. A positive person by nature, Lori knew her intense emotions were all part of acknowledging she had cancer. It was also a way to deal with cancer head on, as she does everything else.

"You have to love and embrace it all because it's a learning chapter in your life," Lori says. "It starts with the news. Then there's a pity party. Then you get angry. But you can't get stuck in pity or anger. You have to keep moving on to get to the point where you make friends with it. Then you can let it go."

"The first lumpectomy surgery was so different in 1988 from the one I had in 1992," says Lori explaining that four years after being diagnosed with breast cancer on her right breast, she developed two lumps in her left breast. "It was the same surgeon but I have two different kinds of scars from two different techniques."

Lori had 17 lymph nodes removed from under her arm in the first surgery. She remained in the hospital three days after surgery.

"That scar looked like a caterpillar—a line with suture scars along each side." It was an ugly reminder to Lori.

Lori's second lumpectomy was four years later, and breast surgery was more advanced. "After my first surgery the oncologist made the decision to insert a radioactive isotope into my breast and they kept me in an isolated room surrounded by metal for three days. Not so the second time." In fact, after her second surgery, Lori went home the following day by her own request.

Post-operation treatment was the same. "I had radiation treatments for 28 days after each surgery."

Lori is convinced that although her lumps were a slow growing cancer, she is alive today because of a commitment to doing monthly breast exams, and to treating the lumps as soon as possible. She also did not rely solely on her mammogram results after detecting her lumps. "On the average mammograms detect 85 to 90 percent of cancer. Ten to fifteen percent slip by. I was in that bracket both times."

Part of her strong commitment to health stems from the fact that Lori's mother, Violet Brenner-Scheibel, died from breast cancer complications at age 65 in 1972. "My mother's doctor told me that if she had done something about it early, she would possibly be here today."

Lori accepts, however, that breast and body education was not as well practiced thirty years ago as she hopes it is today. "On her death bed she actually asked me, 'Sis, what is a P-A-P smear?' I realized then, my mother never had one."

At the same time Lori was dealing with her own cancer, her husband Mark had been fighting prostrate cancer. Mark passed on in 1995. "He lived 11 years after his diagnosis, because of tenacity and TLC."

Lori attributes her husband's extended life and her own good health today to taking natural nutritional supplements along with Native American remedies that her grandmother had taught her about such as nettle and blackberry vine teas. "She never had medical [coverage] so she would go out into the woods and harvest native plants, like they had done in the past."

Often Lori accompanied her grandmother Annie into the woods and to the springs at Mud Bay where they would wash each other's hair. "It was more than cleansing our hair. Most of all, it was a cleansing of stress," Lori says. "We were together, grandmother and granddaughter."

Memories of gathering herbs and sharing stories were not the only lasting impressions Annie would leave with her granddaughter. In 1997, Lori decided to do something about the scar on her right breast, and designed an Indian feather tattoo to place over it.

Although it seemed unrelated at the time, Lori admits that like her grandmother's tattoo, her own is a similar statement of independence, and that even in loss, she too remains filled with spirit.

"Now when I stand naked I don't see a scar. I see my feather and smile." But does the reminder of her own Indian-ness make her miss her grandmother?

"Not at all," Lori says. "My grandmother never left me. She is a part of my inner being."

Common Myths About Breast and Cervical Cancer

"No one in my family has ever had breast cancer. I don't need mammograms."

Any woman can get breast cancer. Most women who get it, however, are over 50 years old. Eighty percent of women with breast cancer have no relatives with the disease.

"What can I do to protect against breast cancer?"

The causes of breast cancer are not yet known, but the best protection is early detection and treatment. Researchers are also studying the possible roles of heredity, environment, lifestyle and diet. Most breast cancer is treatable if caught early. The best prevention is to get a mammogram every year and have a health professional examine your breasts every year. Also, do your own breast self-exam every month.

"I feel fine. Why would I want a mammogram or a Pap test?"

Mammograms and Pap tests help keep you feeling fine by detecting problems early. That way you can live longer and be able to take care of yourself and your family.

"What are the signs of breast cancer?"

Signs of breast cancer can include any lump, thickening, swelling, dimpling, skin irritation, distortion, retraction of the nipple, scaliness or pain. A mammogram detects changes in the breast long before you feel any. Remember – most lumps are not cancerous, but to be sure, see your doctor even if you've had a mammogram recently.

"What if breast cancer is found?"

Thoroughly review your treatment options with your doctor before making a decision about therapy. Treatment for early breast cancer can include lumpectomy (removal of the cancer but not the entire breast) followed by radiation therapy or mastectomy (removal of the entire breast). Additional treatment may include chemotherapy or hormone therapy. Breast reconstruction may be an option after a mastectomy.

"What are the chances of surviving breast cancer?"

Survival depends on how early the cancer is diagnosed and treated. The average five-year survival rate is 84 percent.

"I don't have periods any more. Why do I need a Pap test?"

Changes in your cervix can show up any time. If you've had a hysterectomy, ask your doctor if you need a Pap test.

"My doctor never told me to have a mammogram."

Be pro-active about your own health. Your doctor might have been seeing you for something else and didn't think about a mammogram. You may have to call your doctor and ask about having one.

"I've heard mammograms hurt."

You may feel some discomfort for a few seconds. The pressure on your breasts is needed to take an accurate picture of them. If you still have periods, have your mammogram seven to ten days after the start of your period. Your breasts will be less tender then.

"I'd be embarrassed to get a mammogram or Pap smear."

Most mammograms are given by women technicians who will respect your privacy. For a Pap test, you can ask for a woman health provider to do the exam.

"I'm afraid they'll find cancer. I don't like looking for trouble."

You probably make sure other family members have their checkups. You need to take care of yourself, too, so you will be there to help take care of your family. Most women's test results are normal. If there is cancer, it's important to catch and treat it early. The sooner the cancer is treated, the better your chances of being cured.

"There's nothing I can do if I have cancer."

The earlier the cancer is found, the better your chances of being cured. Cervical cancer, when caught early, is 100 percent curable.

"I can't afford a mammogram or Pap test."

Free mammograms and Pap tests are available through tribal clinics. Call yours for more information.

Health Clinic Information:

Chehalis Tribal Clinic
P.O. Box 536
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Squaxin Island Health Clinic
SE 90 Kla-Che-Min Drive
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(360) 427-9006

Nisqually Tribal Health Clinic
4816 She-Nah-Num Dr. S.E.
Olympia, WA
(360) 459-5312

Shoalwater Bay Tribal Clinic
P.O. Box 500
Tokeland, WA 98590
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Indian Health and Humor

How to Counteract Physical and Emotional Stress in a Good Way

by Theda New Breast. M.P.H.,
and Amanda Old Crow, Singer, Comedian

Indians are always "moving out." Some are moving out of their parent's house, some are moving out of Section 8 housing, some are moving out of their HUD houses, and some are even moving out of their condominiums. But, there is one place that you cannot move out of, and that is your body. This short article gives tips on the healing medicine of laughter and respecting your body, because that is where you will always live.

> *The belly laugh is one of the best medicines a woman can have.*
>
> Clarissa Pinkola Estes, Ph. D.
> *Women Who Run With the Wolves*

A large part of good Indian living is not to worry too much or to excessively stress out, because your body will tell on you. Research shows that too much emotional stress can contribute to lowering the immune system's ability to resist disease and can contribute to high blood pressure, ulcers, migraine headaches, backaches, insomnia or heart disease.

We do need some stress in our lives. Appropriate levels of stress motivate us to meet challenges and stretch our limits by taking advantage of the opportunities life brings. Without stress, life would be dull and unexciting. Too much stress, however, can seriously affect your physical and mental well-being. Most native people live in two worlds that often have conflicting values and beliefs. As a result, a major challenge in our stress-filled bi-cultural world is to make it work for you instead of against you.

As Indians learn more about recovery from poor lifestyle habits and begin to work on well-being techniques, we can use stress in a positive way and prevent it from becoming distress. A fun and common resiliency practice is a good belly laugh. We love it, we tease, we laugh, we tease again. Laughter is just plain good medicine for the Indian soul.

It is believed that when you laugh you release natural endorphins into your blood stream and it creates a "natural high." These endorphins are also a boost to your immune system and can help aid in healing.

Amanda Old Crow does a hootchy-kootchy style dance to roars of laughter during the Women and Girls Gathering at Camp Thunderbird in Olympia.

Here are some *goofy* suggestions for Indian people to deal with stress

The ideas below are a little bit different than counting to ten or hitting a pillow....

- Tie dye your rez dog
- Take pictures of all the duck tape holding your Indian car together
- Set up a Karaoke at your next party
- Clean out your "Indian purse" so you will not be lopsided anymore
- Think about your Tribal Council and laugh out loud
- Put all your X's names on a dart board, throw darts at it until forgiveness comes
- Quit baby sitting any of your children over 25 years old
- Quit sounding like Cinderella's sisters
- Vote for yourself in every Tribal election
- Throw out all the clothes in your closet that cut off your circulation
- Watch your relatives on the Jerry Springer Show
- Write the name of someone that you are mad at on the bottom of your shoe and stomp around on it all day or until forgiveness comes
- Give a single rose for someone living, it's better than a costly wreath at the grave
- Sing Indian loud in the shower, even if you are singing impaired
- Quit asking Creator to help you win at bingo
- Stop eating when you are full
- Dance naked in front of your pets
- Pay your Visa with your Master Card
- Don't hold your farts, let them fly, be proud
- Do be ashamed to share your fantasies
- Put your dirty dishes in the oven and go to the movies
- Remember that when it comes to spirituality, the rich get richer and the poor get poorer

Regular Breast Exams and

Pam James has learned the importance of regular breast self-exams.

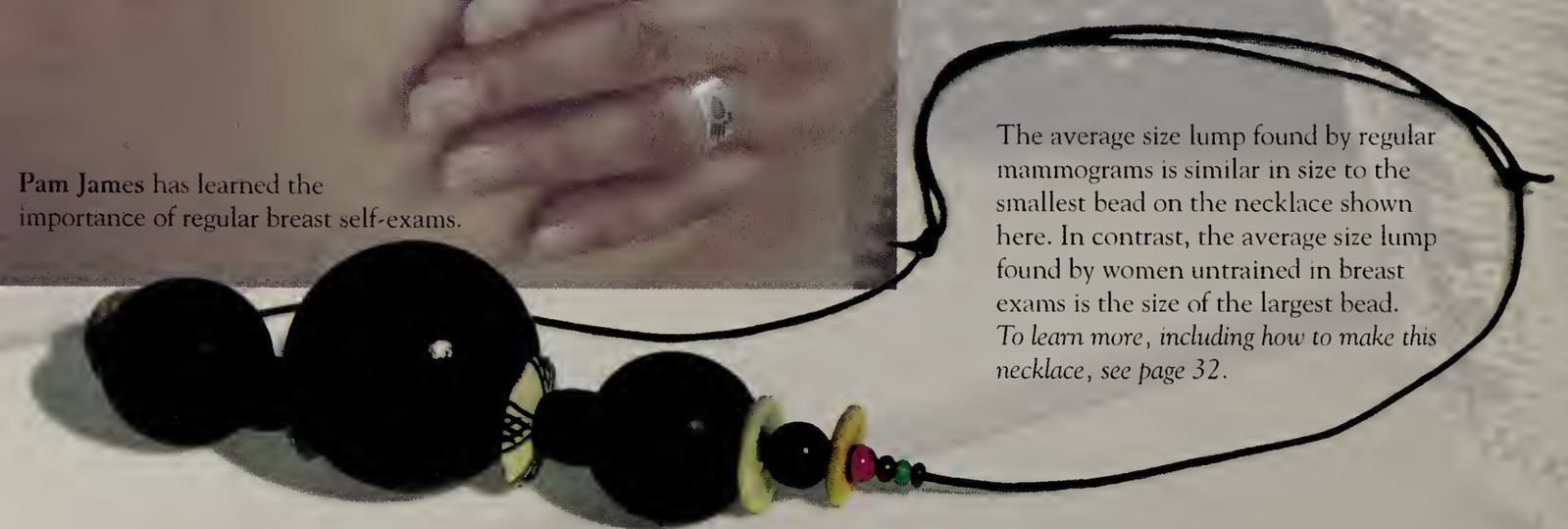
When Anne Becker was handed the telephone, it didn't occur to her that the radiologist on the other end would be calling for her. Anne is the Women's Provider for the Chehalis Tribal Clinic, and she thought the doctor was calling on behalf of one her patients.

"I thought to myself, isn't he nice to call personally."

The mammogram results he was calling about, however, were not for any one of the women she sees at the tribal clinic. The results were her own. Anne had her mammogram screening a week earlier and a suspicious area had been detected on the x-ray. The doctor recommended she have another test.

Within a few days she had a diagnostic mammogram done. A diagnostic mammogram is the next step beyond the regular "screening" mammogram done at the clinics. It provides a magnified x-ray view of her breast.

Remember, mammograms, clinical breast exams and breast self-exams may save your life.



The average size lump found by regular mammograms is similar in size to the smallest bead on the necklace shown here. In contrast, the average size lump found by women untrained in breast exams is the size of the largest bead. *To learn more, including how to make this necklace, see page 32.*

Mammograms are the Basics of Breast Care

Anne was angry at the news. She had worked hard at the tribe to help women realize the importance of detecting breast cancer early. Now it was she who faced the unknown.

"I thought, so this is what I get for my hard work?"

Within days of completing the second test, results proved the mass to be "micro-calcification," a benign mass in Anne's case.

It was an emotional experience, said Anne. It also made her understand first hand what it would be like for any one of her patients to hear the same news.

Finding a lump in your breast is a scary prospect. Fortunately, eight out of 10 breast lumps are not cancerous. But because the incidence of breast cancer rises with age, regular breast exams and mammograms are a must for all women in mid-life and beyond.

Women whose cancers are caught and treated early before the cancer has spread, have a much better chance of surviving than those whose cancers are detected at a later stage. In fact, the five-year survival rate for women whose cancers are caught early is 96 percent! Plus, early detection often means less disfiguring surgery and, depending on the type of tumor, possibly less aggressive follow-up treatment.

Of all the known risk factors for breast cancer, growing older is the single most important one. In fact, about 80 percent of all breast cancers occur in women over age 50. At the present breast cancer rates, each year for every 100,000 women in their forties, 163 will be diagnosed with breast cancer and 29 will die of it. In their fifties, 263 will be diagnosed and 59 will die. In their sixties, 374 will be diagnosed and 91 will die. While the incident rates of cancer are similar for Native American women, mortality rates are higher because in the past, few have sought regular women's health care such as annual exams and mammogram screenings.

What are My Chances of Getting Breast Cancer?

Any woman can get breast cancer. However, if you fall into any of the below groups, called risk factors, carefully follow your health care providers' suggestions for breast cancer screening.

- Over age 50
- A family history of breast cancer
- Had your first child over age 30
- Never had children
- Early menstruation (before age 12)
- Late menopause (after age 55)
- Have lumpy breasts
- Overweight by at least 20 percent more than the ideal weight for your age and height
- A family history of ovarian, uterine or colon cancer
- Have an alcohol problem

Early Detection: The key to survival

The chance of getting breast cancer increases as a woman grows older. And, Native American women are dying from breast cancer more often than other women in the United States. Education, finding cancer early and prompt treatment are needed to lower this rate. To find cancer early:

- Get a mammogram (a breast x-ray)
- Get a breast exam by your health care provider
- Do a breast self-exam

How to Examine Your Breasts

The size, shape and feel of a breast varies widely from woman to woman. Small, medium or large – whatever your size, know what is normal for you by regularly examining your own breasts. For instance, it is normal for one breast to be larger than the other, sometimes as much as two cup sizes. This is not a health concern. But if it bothers you, discuss it with your health care provider.

You can learn about your breasts by doing monthly breast self-exams. Becoming familiar with your breasts makes it easier to find changes from month to month. Finding changes early is the purpose of breast self-exams and breast cancer screening.

Remember to do a breast self-exam after your menstrual period ends when your breasts are no longer tender or swollen. If you do not have periods anymore or you are pregnant, your breasts won't be going through monthly changes. Just pick a convenient date: the first of the month or the day you pay your bills, for example.

Checking your breasts takes about five minutes and involves the following:

- Choose a method, either in front of a mirror, in the bath or shower or lying down.
- If you choose to stand in front of the mirror, look yourself over with your arms at your sides. Then see if any changes, (such as those in the next paragraph) show up when you place your hands on your hips and tighten your chest muscles. Repeat with your arms raised over your head.

- With any of the methods, look for changes – a lump, thickening of the breast, swelling under your arm, hollow areas, redness or peeling of the skin or puckering or dimpling of the skin.
- Squeeze each nipple gently and look for blood or leaking.

- When standing in the shower or lying in the bath or on another comfortable surface, place your left hand behind your head. Use the finger pads of your three middle fingers of your right hand to check your left breast. Make a series of small circular motions with your finger pads and move in circles around your breast, using firm pressure.
- Carefully check your underarm area because much of your breast tissue is here.
- Now repeat the above procedure for the opposite side by placing your right hand behind your head.
- After you have checked each your breast with your finger pads, make sweeping motions with each palm and set of fingers. Your fingers and palm should be flat and wide open. Make sweeping motions across your breasts from left to right and from top to bottom. Again, you are feeling for anything unusual.

How Often Should I Get Checked?

From age 18 on, you should do a monthly breast self-exam and have a health care provider do an annual clinical breast exam. More specifically, the American Cancer Society recommends the following for women who have no symptoms or risk factors. If you believe you have one or more risk factors, discuss them with your health care provider.

Breast care

Under age 40

- Examine your breasts every month
- Get a clinical breast exam every one to three years

Ages 40 to 50

- Examine your breasts every month
- Have a clinical breast exam every year
- Have a mammogram every one to two years, depending on your risk factors

Over 50

- Examine your breasts every month
- Have a clinical breast exam every year
- Have a mammogram every year

Clinical Breast Exams Health care providers are skilled in checking women's breasts. A breast exam should be done during your annual check-up, at the same time as your yearly Pap test. Your health care provider will check for changes in your breasts and the area under each arm.

Breast Lumps that Aren't Cancer

Finding a lump in your breast is scary, but eight out of 10 breast lumps aren't cancer. Many are fluid-filled cysts. If you have been prone to cysts, you probably will find that they are less of a problem after menopause. But the fact that cysts are less common after menopause doesn't mean that they don't occur. If you have a cyst, your doctor may recommend aspirating it — inserting a fine needle to withdraw the fluid it contains. As a result, the cyst collapses and disappears.

Another common non-cancerous lump is a hard, marble-like tumor called a fibro adenoma. While fibro adenomas are most common among younger women, they do occur after menopause. Your doctor probably can identify these non-cancerous tumors by the way they feel. But when you are over 40, needle aspiration or surgery is almost always recommended to be absolutely sure it isn't cancer.

A rare breast condition called mammary duct ectasia usually occurs only among women approaching menopause. This shows up as a tender, hard lump near the dark pigmented area surrounding the nipple (the areola) that burns, itches or causes a sensation of pulling in the nipple. Sometimes, there is a discharge. The problem is a milk duct clogged by glandular secretions. The symptoms often go away without treatment, but see your doctor to make sure everything is all right.

What to Do if You Find a Lump

If you find something during your breast self-exam that worries you, see your health care provider as soon as possible. Don't let your fears or beliefs keep you from having any change checked out. Most breast lumps or changes are *not* cancer, but only your health care provider will know.

Mammography

A mammogram is a low-dose x-ray taken of your breasts. This exam can find lumps that are too small to be felt. In fact, a mammogram may find cancer up to two years before you can feel it. A mammogram can also show changes in the breasts that may suggest cancer. Mammography is the best way to make sure cancer, if it occurs, is found and treated early.

During the mammogram, your breast is pressed between two plastic plates. Some pressure is placed on your breasts to get a good picture. By spreading out the breast between the two plates, it is easier to see lumps or other changes.

Women sometimes find it uncomfortable when the mammogram machine presses their breasts. If you have breast tenderness before your period, you may want to schedule your mammogram after your period.

Some women worry about getting breast cancer from having a mammogram. A yearly mammogram won't cause breast cancer. A much greater risk comes from **not** having a mammogram. But having just one mammogram is not enough. It is important to have regular mammograms because you could get cancer at any time.

A mammogram may find cancer up to two years before you can feel it. A mammogram can also show changes in the breasts that may suggest cancer. Mammography is the best way to make sure cancer, if it occurs, is found and treated early.

Unfortunately, mammography misses about 10 to 12 percent of breast cancers. Younger women with dense breast tissue are the ones most likely to have their cancers go undetected. The bottom line is this: as good as the technology is in catching cancer early, mammography by itself is not enough to screen for breast cancer. You must do breast self-exams and have regular clinic exams too.

Call your tribal health clinic to find out more about mammograms or to schedule a visit with your Women's Health Provider. The telephone numbers are located in the "Resource List," on the inside of the back cover. Or call, the American Cancer Society at 1(800) ACS-2345, or the National Cancer Institute at 1(800) 4-CANCER. The National Cancer Institute's number is operated jointly with the Mammography Information Service, which has staff available to answer questions related to mammography and breast cancer. ■

Glossary of medical terms related to the preceeding article:

Areola The area of dark-colored skin surrounding the nipple.

Aspiration Removal of fluid from a lump, often a cyst, with a needle.

Biopsy The removal of a sample of tissue, which is then examined under a microscope to check for cancer cells.

Excisional biopsy is surgery to remove an entire lump and an area of normal tissue around it. In incisional biopsy, the surgeon removes just part of the lump. Removal of tissue with a needle is called a needle biopsy.

Breast self-exam Checking your breasts yourself once a month for any changes or unusual lumps.

Cancer A group of more than 200 different diseases. Cancer happens when cells become abnormal and keep dividing and forming more cells without control or order. Cancer spreads directly into surrounding tissues and may also spread to other areas of the body through the lymphatic and circulatory systems.

Clinical breast exam An examination of your breasts for any changes or unusual lumps by a health care professional. Usually done annually unless otherwise recommended.

Cyst A sac or capsule filled with fluid.

Fibro adenoma A common non-cancerous lump, similar to a hard, marble-like tumor. While fibro adenomas are most common among younger women, they do occur after menopause.

Hormones Chemicals produced by glands in the body. Hormones control the actions of certain cells or organs.

Mammary duct ectasia A rare breast condition that occurs only among women approaching menopause. This shows up as a tender, hard lump near the dark pigmented area surrounding the nipple that burns, itches or causes a sensation of pulling in the nipple. Sometimes, there is a discharge. The problem is a milk duct clogged by glandular secretions. The symptoms often go away without treatment, but see your doctor to make sure everything is all right.

Mammogram X-ray picture of the breast.

Menopause The time of a woman's life when menstrual periods stop. Also called the "change of life."

Risk factor Something that increases a person's chance of developing a disease.

Tumor An abnormal mass of tissue. A tumor can be cancerous or non-cancerous.

Ultrasound A test in which high-frequency sound waves that cannot be heard by humans are bounced off tissues and the echoes are converted into a picture, or sonogram. These pictures are shown on a monitor like a TV screen. Tissues of different densities look different in the picture because they reflect sound waves differently.

The Natural Way:

Estrogen and Menopause

by Jane Wilson-Schoen CNM, ARNP

Many tribal women have decided to go a more natural way for menopause than hormone replacement therapies. During menopause, the amount of estrogen in women's bodies decreases to the point that they no longer have menstrual cycles. To treat the symptoms of hot flashes and nighttime sweats that happen during this time, many women choose to use herbs rather than hormone replacement therapies. For them, it is more traditional to go through "the change" as nature intended.

Hormone replacement therapies do provide many health benefits. For instance, estrogen has been proven to protect women from heart disease and brittle bones. It has also been shown that it can help with memory. Some studies have been associated estrogen replacement treatment with breast and uterine cancer. So, what are the answers to controlling symptoms during menopause and to protecting hearts and bones later in life without taking hormone replacement therapy?

Plant estrogens may be the answer to the hormone issue. The good news is that plant estrogens not only help with the unpleasant side effects of menopause but they may actually protect against cancer.

Apples and soy, for instance, have phyto-estrogens or isoflavones, which have an estrogen-like activity when ingested. These isoflavones are thought to be the factors responsible for reducing the risk of breast and prostrate cancer. That means men can benefit from eating them too. Phyto-estrogens can also help lower cholesterol, slow bone loss and lessen menopausal symptoms like hot flashes and mood swings. These positive health changes occur without any unpleasant side effects.

Foods that are full of isoflavones or phyto-estrogens are easy to obtain in most large grocery stores. Soybeans are the best source of these organic estrogens. There are many varieties of soy, such as soymilk, tofu and soy nuts, to name just a few. Using soy products is just a matter of readjusting eating habits and looking for them. You might also read labels to see which foods have soy in them. Other foods that contain isoflavones are rye, wheat, sesame, sunflower seeds, apples, carrots, broccoli and corn. The good news is that many of these foods are the same that tribal ancestors had in their diets—which means eating them is traditional, too. *(See recipes highlighted on page 11 for using high-level beta-carotene and cancer fighting commodity foods, such as canned carrots.)*

For other recipes or for copies of commodity food cookbooks and brochures, call Louise Hudack at SPIPA's Food Distribution Program, (360) 459-9607, or call: United Soybean Hotline 1(800)TALK SOY, for soybean recipes and tips.

Native Americans and Tobacco Use

Tobacco companies, their public relations firms and even the legal system all have a role in targeting smokers, including Native Americans. Tobacco companies tend to treat their product so that the amount of nicotine people absorb while smoking increases, thus keeping you addicted. For example, of the more than 4,700 chemicals placed in cigarettes, ammonia is added solely for the purpose of enhancing the effects of nicotine, boosting the addictive power up to 100 times, according to government studies.

The tobacco industry also targets Native Americans by funding cultural events, such as pow-wows and rodeos, to build its image and credibility in the community, concluded the 1993 final report from the Tobacco Use: An American Crisis conference. Furthermore, Indian youth have access to tobacco products at a very young age because Native lands are not subject to state laws prohibiting the sale and promotion of tobacco products to minors.

Although many tribes consider tobacco a sacred gift and use it during religious ceremonies and as traditional medicine, the tobacco-related health problems American Indians suffer are caused by chronic cigarette smoking and spit tobacco use.

Three out of five deaths in Indian Country are related to smoking. American Indians and Alaska Natives have the highest smoking rates of any ethnic group in the U.S., and much higher than Caucasians, according to the 1998 U.S. Surgeon General's Report.

While Native Americans are thought to smoke less heavily than other groups, even light smoking causes serious health problems. For example, children under age five whose mothers smoke only 10 cigarettes a day tend to have positive blood tests for nicotine and cancer-causing compounds. Having parents who smoke also increases children's risks of asthma, bronchitis, pneumonia, coughs and ear infections.

Tobacco's Impact in Indian Country

- Fifty-four percent of American Indian women and forty-six percent of American Indian men in the Northwest smoke. Roughly 40 percent of Native American adolescents smoke.
- Heart disease and lung cancer are the biggest killers of Indian women – tobacco use is a risk factor in both.
- Forty-three percent of Indian adolescents in the Northwest use spit tobacco.
- American Indian teenage girls have the highest rates of spit tobacco use.
- Rates of cigar and pipe smoking and chewing tobacco or snuff among Native American adult men is higher than any other ethnic group. Among women, the rate is higher than any other group except African Americans.
- In Washington State, American Indians have the highest infant mortality and sudden infant death rates – both include smoking as a risk factor.

What Smoking Does

Within minutes of lighting a cigarette or cigar, blood pressure and pulse rate rise and oxygen levels in the body drop. After several months of smoking, cough, sinus congestion, fatigue, shortness of breath and other symptoms can occur. Over the long term, smoking can lead to cancer, chronic lung disorders, heart disease and stroke.

(continued on page 28)

Tribal Clinic Profiles

Squaxin Island Health Clinic and the Vision of Sally Selvidge

Sally Selvidge, seen here with Medina Rivera, was committed to making health care more accessible for Squaxin Island tribal members, and other eligible Native Americans in Mason County.

"Center. That's different than a clinic," says Tiff Barret, Physicians Assistant and all-around good guy for the Squaxin Island Tribe's Sally Selvidge Health Center. "Center implies more than just medical. Sally always thought we could serve the people better if we had as many services under one roof as we could."

Sally Selvidge, a Squaxin Island tribal member and health clinic manager, "wanted to make sure that people who would not normally go to a doctor would come here." Sally passed on in 1994 due to complications with breast cancer. She was the one who set into motion the vision for the present clinic, Tiff explains. The health center, which was named after her, wasn't completed until 1996.

The tribe's first clinic, with just two small exam rooms, was converted in 1985 from the old Kamilche School house. The site was where the tribal store is today. "We might have had 450 square feet, if you added in the waiting room," he says.

In 1985, Dr. Eugene Sine and Tiff were hired as medical providers. The team brought with them many years of medical expertise. "We had maybe 50 patients, if you counted all the charts on the shelf." That's when Sally stepped in. "This tribe is matriarchal, and she was an elder. When she began touting in the background that it wasn't a band-aid clinic anymore, that we now provided good care, the people listened to her."

Within a few short years, the clinic outgrew itself and Sally began a campaign for more space. "She started hammering on the Tribal Council until finally, to appease her perhaps, they offered her a modular building," he says.

(continued on next page)

"Sally believed that Indians in recent times have had so much instability that it was important to give them something rock solid. And like she used to say, 'You can't have that if there's wheels on it,'" Tiff explains. Eventually Council told Tiff and Sally to come up with a wish list for a permanent stick building.

During that time, Sally fell ill. "She embodied humanity and femininity. She took care of everyone from the heart. But Sally didn't take care of Sally," Tiff says. By the time Sally had her lump looked at, it had grown to the size of an egg.

"Sally's disease became so advanced because she ignored her own needs and was constantly taking care of others. She put her own health last," agrees Ruth Creekpaum, Sally's younger sister, who now works at the clinic as the Community Health Clerk. "

Even after Sally learned her cancer had metastasized into her hones, she continued working. "That was before we had a whole lot of breast cancer education," Tiff says.

Once Tiff realized how ill Sally had become, he went before the Tribal Council to ask if they would name the center after her. "It only took ten minutes for them to make up their minds."

The new clinic now serves more than 2,000 patients, including 300 in the Breast and Cervical Early Detection program. "The halls are filled with Sally's spirit of dedication," says Tiff Barret.

Sally would be pleased to see how many services are availahle under one roof, Tiff says. The center is set up for family practice and in addition to regular services, alternative medicine such as acupuncture, acupressure and alpha stimulation for pain management are available. There are also dental, mental health and family violence counseling services. In addition, the clinic has an Indian Child Welfare caseworker and a community health coordinator.

Perhaps Sally would be most pleased, however, at the availability of breast and cervical cancer prevention and early detection services for the women she cared about. To know how mammogram screening clinics fill up weeks ahead of time would make her smile. "With Sally, nobody was allowed to fall through the cracks," Tiff says.

The thought that Sally did nothing about the lump in her own breast for so long is the saddest irony of all, says Tiff as he wipes his eyes. "If you haven't noticed, I think she walked on water."

For more information on the Squaxin Island Health Clinic's Breast and Cervical Cancer Early Detection Program contact, **(360) 427-9006.**

The Skokomish Health Clinic

The idea was to bring women together to discuss health issues in a fun, creative way, while learning that early detection is the best prevention against breast and cervical cancer—and it worked. In fact, Terri Kovacs, the Skokomish Health Clinic's former Women's Provider, began to create monthly themes for the women's informational meetings she held at the clinic. "We had bingo nights where, after passing out pamphlets and talking about breast cancer, we played games and won small prizes," says Sissy De La Cruz, Contract Health Specialist (CHS) clerk for the clinic. "Another time, the women made posters about how they felt and we had a prize for the best one."

The clinic still holds monthly drawings for women who come to for their annual exams or other related women's health issues. "During the winter there might be cozy, warm winter basket, or a Valentine theme in February," Sissy says.

One breast cancer awareness idea did not come to full fruition, however, because some of the women involved felt it was too daring. "Our Skokomish women's softball team only had T-shirts with numbers on them. We thought it would be a great idea to have real jerseys that said, 'Healthy Hooters,' to show our awareness about breast health," Sissy smiles. "But we didn't do it because some of the women thought it would be too embarrassing to walk around like that."

For more information on the Skokomish Health Clinic's Breast and Cervical Cancer Early Detection Program, call **(360) 426-5755.**

Skokomish women have a high level of education about their health because of the Breast and Cervical Cancer Early Detection Program, Sissy says. "Now that the mammogram screenings are on site, it is so much more convenient and women are more aware of the need to have them done."

Harriet Gouley, who recently retired as the clinic's community health nurse, speaks from experience when she talks about how important early detection is to breast cancer. "An abnormal lump was found after I had a mammogram at one of the [clinic's] first mobile units," she says. "It was very small." A biopsy confirmed the mass in her breast to be cancer and after a lumpectomy, Harriet had radiation treatments every day for 7 weeks. She was 61 years old at the time. She still sees an oncologist although her last mammogram detected nothing abnormal. Harriet says there is no history of breast cancer in her family.

Providing the most accessible health care to tribal members and other eligible Native Americans in Mason County is not a new practice for the Skokomish Health Clinic. "We grew from a 12 by 80 foot trailer to the clinic we have today," Health Administrator Marie Gouley says. "Now we are considering contracting a chiropractor, and are also looking at vision and hearing specialty clinics early next year.

Nisqually Tribal Health Clinic

There is a beautiful picture of an Indian robe hanging on the wall in the waiting room of the newly built Nisqually Health Clinic. Underneath it a plaque reads:

> Spirit Robe
> Dedicated to the memory of
> Yoland "Lonzie" Kalama
> and Karen Squally
>
> For all they gave
> of themselves.
> May the strength
> of their Spirits
> Remain in our hearts.

Karen Squally and Lonzie Kalama were Community Health Representatives for the Nisqually tribal community for more than twenty years. Karen died from a sudden aneurysm, or blood clot, almost four years ago. Lonzie was lost to advanced breast cancer in 1996.

It seemed fitting when the new building was built one year ago, that the Spirit Robe be dedicated to "the years of service the two women had given their people," says Noreen Wells, health clinic manager. "They would be so pleased with the service we provide now."

Comparing the old Nisqually Health

Ribbon cutting for the new Nisqually Health Clinic took place in November 1998, making it the most recently built of the five tribal clinics in the SPIPA consortium.

Clinic to the new building is like comparing night to day. That is because the old clinic was housed in the over-crowded "elder's building," while the new, independent facility has tall, overhead skylight windows that cast light all day long onto the waiting room's spacious walls. The old clinic had 1,000 square feet of office space, while the new one has 7,000 square feet.

There are other changes in the new clinic as well. For instance, Native art made by community members is honored in well-lit cubicles above the modern waiting room. Children now have a toy-filled waiting room of their own, and there are four exams rooms (the old clinic had one). In addition, there is space for a forthcoming pharmacy. When the pharmacy is complete, the Nisqually Tribe will be the first in the five-tribe consortium to have an on-reservation pharmacy.

The west wing of the building houses a state-of-the-art dental clinic, complete with an x-ray room. There are four chairs including a cubical for children.

Downstairs in the new building are offices for two alcohol and chemical dependency counselors, a mental health counselor and two group conference rooms that are temporarily being used as offices for two Contract Health Services staff.

"The new space offers more confidentiality to clients," says Grace Beebe, the clinic's adult and youth mental health counselor, whose former office was located in the commodities warehouse near the tribal center.

The Nisqually community's health needs are the driving force behind planning for the future. "We are looking at recruiting another doctor, mid-level provider and a dentist for our orthodontics program," Noreen says.

For more information on the Nisqually Health Clinic's Breast and Cervical Cancer Early Detection Program, call **(360) 459-5312.**

The Shoalwater Bay Tribal Health Clinic

Built on the shore of the Pacific Ocean's Willapa Bay, the Shoalwater Bay Tribal Health Clinic can't help but appear more like a resort lodge than a health clinic.

The Shoalwater Bay Tribal Health Clinic was dedicated in 1993. It provides direct health care for all Native Americans in Pacific County.

Housed inside the tribal community center, the clinic provides direct health care for all Native Americans in Pacific County. Its staff members include Richard Hirschler, M.D.; Mary Dubrow, Family Practice Physician's Assistant and Women's Health Care Provider; Lonnie Peterson, Registered Nurse, and Lisa Shipman, receptionist and patient registrar.

In addition to two exam rooms, the clinic has a two-chair dental lab and a small medical lab. "We test for blood sugar levels, pregnancy, that sort of thing," Mary says.

Although a weekly Women's Health Clinic is provided, "We don't really see women's health care as an isolated experience," Mary says. "It's integrated into the patient's primary care picture."

A major part of that picture is screening for early detection of breast and cervical cancer. In fact, nearly 100 percent of the women involved in the Breast and Cervical Early Detection Program return each year for their mammogram screenings and annual checkups. "Anne Becker, [former Women's Health Provider at Shoalwater Bay Clinic] really needs to be congratulated for her efforts in keeping the women coming back," Mary says. Lisa Shipman is also a key part in the program. "She is responsible for calling or notifying women when it's time for their mammograms."

"We are a small clinic with big responsibilities," Mary says. "Our goal is to provide kind, comprehensive and respectful high quality care."

For more information on the Shoalwater Bay Health Clinic's Breast and Cervical Cancer Early Detection Program, call **(360) 267-0119 or 1(800)841-2244.**

The Chehalis Tribal Health Clinic

The Chehalis Tribal Health Clinic was the first of its kind in the SPIPA five-tribe consortium. For one thing, it was built as a permanent structure more than 20 years ago. For another, it had—and still has—the only x-ray machine in all the tribal clinics. It is used for basic leg, foot, hand and chest x-rays.

The clinic also has an emergency trauma room. However, because of the clinic's growth in recent years, part of the room serves as a storage area with boxes of clinic supplies stacked up and lined along one end. In addition, there are three exam rooms, including a pediatric room, a two-chair dental clinic and a medical lab. Licensed staff members include Dr. Paul Stuber; Rick Weaver, Physician's Assistant; Patty Walker, a Licensed Nurse Practitioner; Dentist Barry Suda; Amy Powell, dental hygienist; and Anne Becker, Registered Nurse Practitioner and Women's Health Provider.

The colorful charts of women's anatomy along the clinic hallways are Anne's doing. "When you are trying to teach women about their cervix or about their lymphatic systems, it's just easier to bring them to one of the charts," she says. Anne also has breast models that she uses to teach women how to conduct breast self-exams at home.

The remodeled women's exam room is Anne's most recent pride. "We chose colors that you would find at home," she says of the natural coal-blue cabinet countertop and flooring. Car-wash mitts cover the exam table's footrests so that women don't have to touch the cold metal with their feet. And a picture of the ocean hangs on the wall so that women can enjoy it while waiting.

"The most important thing to these women is that you be trustworthy, available, caring, friendly and known," Anne emphasizes. In other words, Anne's patients know that what is said in the privacy of the exam room stays there. "It's so important that we coordinate their care and keep it in the confines of confidentiality. I am close but separate. I am part of the community that cares, but I live outside of it too."

Consistency is another important part of keeping breast and cervical cancer awareness in women's minds. "We held a flu shot clinic at the casino this year. It was also Breast Cancer Awareness Month, so we set out breast and cervical information. All I heard for days was, 'Where were the mints? What happened to the soaps?'" Anne smiles. Mints and soaps are some of the incentives she usually gives to women who attend the mammogram clinic. "I make sure the gifts are feminine. In fact, some are sensual," she says referring to some of the names for the scented hand lotions and aromatherapy candles. "We found that things with names like 'Warm Nights,' went first, and usually by the elders."

For more information on the Chehalis Tribal Health Clinic's Breast and Cervical Cancer Early Detection Program, call **(360)273-5504.**

Anne Becker, (right) seen here with Office Manager Mary Secena, has served as the Women's Provider for the Chehalis Health Clinic for four years. "I will be here as long as the program is in existence," says Anne.

Joan's Story: The Healing Power of the Ancestors

by Patricia Provo

In a hundred years or so, the children of the children who live now will share with their children the legend of a woman who lived in a home in which the walls spoke.

They will tell how the woman's house was made from trees and had a rooftop that could withstand the endless rains that came to her land from autumn to spring. They will tell how she rested near the shore of a great sea that provided food for the people of her tribe.

It was not these things that made the woman's home different from the rest in her village, however. It was what happened once you entered her doorway that made those who had been invited in, feel as if something magical was about to happen. And it usually did.

"Come, come in," Joan (pronounced Jo-anne) Shipman says, motioning her frail hand toward a small room that is a cross between a museum and a living room. Joan's hospital bed is placed next to a large picture window providing her with a view of the sunset over her beloved Willapa Bay each evening. On the bed is the colorful "ancestor quilt," she and sisters Lorraine Anderson and Anita Couture with friend Judith Altruda-Anderson designed before Joan's last illness. Women from all over the tribe had come, and would come still, to finish sewing their ancestor's fabric photograph onto the squares. Dream catchers hang from the ceiling and windows in every part of the house. Trinkets and keepsakes are set on every table. Some of them are gifts, others Joan collected as reminders of her travels to San Diego, Albuquerque and Lincoln City. A large drum hangs on the wall by the kitchen table, with a Spirit Owl—Joan's spirit animal—brightly painted onto its round elk hide. It is the same symbol that is enlarged and painted on the outside of Joan's home.

Joan receives many visitors this day. The first is Judith with cuddly daughter Sophia. Anita stops by to see when it is a good time to take Joan shopping. The home health nurse comes from the Hospice Care Center, as she does each week, to read Joan's blood pressure and take blood samples for testing. Finally there is myself, a stranger who has come to see if the tales that are told about this woman are true. I am invited in with the warmth of an old friend.

By her very nature, Joan is the keeper of the past. Settling into the overstuffed chair next to her bed, I see a collection of dolls lined up and stacked on top of each other along the floor across from me. Included with the dolls are the "Indian" Barbies sister Lorraine had made traditional clothing for. There also, is the pair of Raggedy Anns brought to Joan just a few days earlier by the mother and brother of dear friend Joanne Lewis. Joanne was a doll maker who died just one year earlier, from a sudden heart attack. It is only natural Joan would receive them as a gift. She would cherish the dolls as much as the hands that made them.

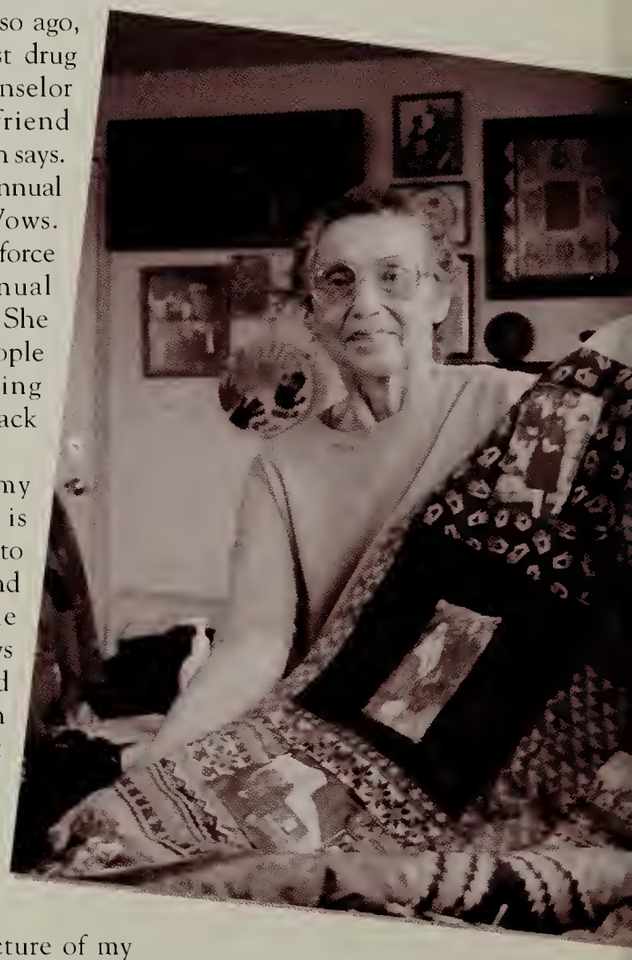
Above the dolls and nearly to the ceiling are 50 or more photographs and paintings of friends, including blonde and buxom Joanne Lewis, relatives, grandchildren, aunties, Grandma Rachel and others. Faces young and old. Caught in a dream state, I sense faint whispers as I stare at the faces of family and friends looking back at me—stories of good times and heroic moments, simple deeds or captured acts. I clear my head with a shake as Joan begins to tell me about her life with cancer.

Joan, a Shoalwater Bay tribal member and the middle child of 12 siblings, was diagnosed with breast cancer in 1996 after a routine mammogram screening at the tribal clinic. The cancer was so aggressive that she went into surgery for a single mastectomy right away. Follow-up testing showed an absence of cancer cells and she once again immersed herself in her tribal community.

"Ten years or so ago, Joan was the first drug and alcohol counselor for the tribe," friend Jeaninne Chariton says. "She started the annual Sobriety Pow Wows. She is the moving force behind the annual Christmas bazaar. She is one of the people who helped bring basket-making back to the tribe."

"One of my favorite things is taking people out to pick sweetgrass and cattails [for the baskets]," Joan says in a weakened voice. In addition to teaching basket making, Joan also helped anyone who wanted to, make traditional ribbon dresses.

"Here is a picture of my own ribbon dress," Judith says, pointing to one of the pictures on Joan's wall. It was of herself and her husband, Tom, on their wedding day. Joan helped make the traditional dress for Judith and shirt for Tom.



Joan Shipman holds the ancestors quilt she, sisters and friends help make. The quilt will hang in the new Spirit House, a spiritual and gathering center built entirely with private funds.

For nearly three years after her breast surgery Joan was cancer free. Then, a year ago, Joan became ill again. This time, tests showed that she had cancer in her liver and lungs.

"At first I just thought I had a long flu," Joan says. "I didn't know I was as sick as I was."

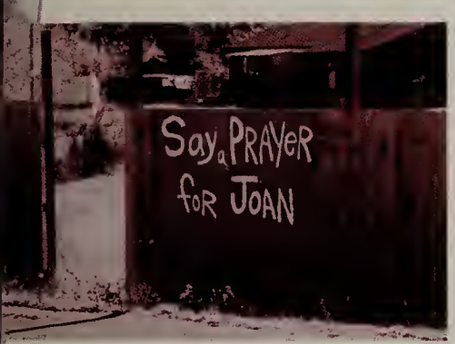
Despite severe back pain, Joan continued to volunteer her famous cooking for bazaars and fundraisers. Even after she became too ill to stand on the job as a money changer at the casino all day, Joan helped friends make ribbon dresses, shawls or shirts for all the children who attended the summer Pow Wow.

"I love teaching the kids," Joan says. "Of course, I call them all my kids. But they are the future. Without them we have none."

There is a shadow of grief in Joan's voice as she speaks of children and the future, certainly recalling the generation of babies lost to Shoalwater Bay families during the tribe's infant death crisis, 1987 to 1993. Joan also lost four of her own sons, years before, to illness or accidents. As she speaks, I quickly glance at the picture that hangs as a centerpiece on the living room wall. It is of Joan's son, Randy Rosander, who drowned in the Columbia River in a fishing accident when he was 22 years old. A large hand-made cedar frame surrounds the fisherman's face and eternal smile. Also on the wall are the photographs of Joan's remaining children, Melody, John and Lenny, and her grandchildren Randy, Leo, Tasha, Deaja and Cash. These are the faces that give Joan a sense of immortality now.

So how is it that Joan, having only three weeks earlier been so severely ill that she lay tired and pale in a hospital bed, just helped to serve 100 people at the annual Thanksgiving elder's meal the night before? How does she, in the midst of what others are saying is a terminal illness, rise each day and face life with so much positive spirit?

"I have a strong support group that is real spiritual," Joan says. "It's easy to stay up with so many people praying for me. There are also the ones that came down here for me, what is called Squa-dee-litch."



Theresa Whitish, wife to the Shoalwater Bay chairman, explains. "In the tradition of my people from Upper Skagit, the Tulalips, we can call on he who receives the Squa-dee-litch—the messages from the ones up above—to do a healing ceremony. The tradition is coming back to the people of the Skokomish, Chehalis, the Puyallups and others," she says. "The ceremony requires right mind, faith and belief. There must be no doubts." It is a sacred ceremony which means there can be no pictures or videos taken.

Men and women from tribes and faiths all over western Washington came to the Shoalwater Bay tribal center for Joan. "There was Nancy McCloud, a Chehalis tribal dancer, John Cayuse from Swinomish, Bruce Miller and his group from Skokomish. Sherman Williams from Upper Skagit and many others were there too," Theresa says. Present also were Shaker Church healers and a minister from the Baptist faith.

"It is this variety of people from so many faiths that shows the broad base of people Joan has touched in her life," Jeannine says.

Also part of the healing group are Red Paint Dancers who must fast for 10 days and bathe in streams before dancing their prayers. "I am a Red Paint Dancer myself," Theresa says. "There are a lot of sacrifices before you can dance. It was the least I could for the family." Theresa recalls that Joan had done things for her in the past as well. "She never turned me down when I needed help cooking a turkey or fish for a community event. I could count on her no matter what, even if it was at the last minute—and often it was."

It is a long held belief in all the Salish tribes, that when singing the ancestors' songs in the old language, you are bringing back the spirits of the ancestors themselves: the grandfathers who fished, the grandmothers who wove.

"We learned that the ancestors had come to the edge for Joan," Theresa says. "They thought no one cared anymore. It is like my grandmother used to say, 'Sho-sho-baud.' It means 'Oh, the poor thing.' You know, like what happens so many times to our old people, 'Sho-sho-baud, poor thing, no one cares any more.'"

"So the Squa-dee-litch talked to [the ancestors]. He told them Joan's job is not finished. He said that we still needed her," Theresa says. "Joan's sisters, her children, the whole family witnessed her face turn from pale to filled with color, right there, right before their eyes."

"In my mother's time, in Joan's mother's time, these ways would have been called heathen by the nuns." Now, the Catholic Church is beginning to accept traditional Native American prayer. Last year, for instance, an archbishop came to Tulalip in a canoe and into the tribe's smokehouse. There, he and the tribal chairman exchanged traditional gifts from both faiths. "We offered a traditional cedar blessing for him and he gave the chair[man] a Bible."

"There are a lot of healing things going on around here," Joan says. "Many people have come together." Out of the corner of my eye, I swear I can see the smile on grandmother Rachel's face widen. I notice, too, that it is the same photo as one of the squares on the unfinished quilt lying on Joan's bed.

Seeing my interest in the quilt Joan smiles and says, "We don't have many quilt-makers anymore. Many say they can't sew but when they come, they found out they can."

Joan learned many new stories about the people in the photographs as her guests hand-stitched pictures of their grandmother or father, their great uncle or auntie onto a square. She shared stories with them, as well.

It is this emphasis, not just on remembering, but remembering through the gathering of women, that gives so much meaning to what Joan does, Judith says. Jeannine agrees.

"We had a healing circle last year during the blue moon," she explains. "Twenty-five women who have known Joan during all parts of her life came to show support."

It is not new for the people from the Shoalwater Bay Tribe to come together for traditional basket-making or to make ceremonial clothing, to show gratitude through lovingly cooked food or especially to celebrate marriage, pregnancy and birth. This has been done for thousands of years. It is the degree of determination it takes to research what had been lost, to re-learn and then share the old ways that speaks of Joan's foresight and strength, friends say.

"The quilt will hang in our Spirit House as a reminder of those who came before," Judith says. That means, of course, it will be the basis for many stories told to the ones who "come after." Stories about Joan are certain to be among them.

The Journey Forward:

Caring for the Body, Mind and Spirit After Cancer

Surviving cancer is like crossing a river and starting a new life on the other bank with no maps or trails to show the way. The following article offers some signposts or trail markers to help you and your relatives and friends on your unique journey.

Physical Needs

After you have been treated for cancer, you'll have two on-going health needs. First, you'll want to follow your doctor's suggestions. Second, you'll have special needs for caring for your body based on the type of cancer, type of treatment and your current state of health.

Other long-term health needs for cancer survivors differ from person to person. In addition to regular checkups, you may need rehabilitation or home care, help dealing with emotional or sexual problems or pain control therapy. Additional cancer treatments may also be needed. To get a clear picture of your needs, ask your doctor. He or she can let you know what you need to do this year, and in the future, to take care of your health.

The two main steps to managing your health care are to ask questions and give information to your caregivers.

Questions to Ask Your Health Care Providers

There are no "dumb" questions when it comes to taking care of your health. When visiting a doctor or other health care provider, many people bring a tape recorder, take notes or ask a friend or family member along to help them remember everything that's said. It is also a good idea to bring a list of questions when you visit your doctor and to write down the answers you receive. The following are some questions you may want to ask:

- How often should I have a checkup?
- What are the signs of cancer's return?
- What are signs of long-term effects of treatment?
- How likely are they to occur?
- What changes might I see that are not danger signs?
- What kind of diet should I have?
- What choices do I have for handling chronic pain, the return of cancer or long-term effects of therapy?
- What is the best way to talk to you about my concerns? By telephone? Special appointment? At a regular visit scheduled in advance to run longer?
- Who else is available to talk with me about specific problems, such as sexual concerns, care instructions and general fitness?

Information to Share With Health Care Providers

Doctors and other health care providers need to know key facts about you to prescribe the best treatments and help keep you involved in your care. Tell them about:

- Aspects of your cancer history that they are not familiar with. A good way to provide this information is to give all doctors you see from now on a copy of your cancer medical records.
- Fears you have, especially those that might keep you from following treatment or getting regular checkups. Talking openly may help solve the problem.
- Changes in your lifestyle. Even changes that seem minor could affect your treatment. For example, if you quit smoking, you may need a different dose of some medicines.
- Any symptoms that you think may be related to a return of cancer or to long-term effects of cancer treatment.
- Problems you may have with what and how much the doctor tells you about your cancer. You have a right to hear as much or as little information as you wish.

Tips for Managing Your Health Care

- Do things you enjoy, even if you don't feel perfect. If you tire easily or have problems sleeping, be as active as you can – even if you can't do as much as you'd like. Pleasure can be a powerful tool for health.
- Get relief from cancer pain. The sooner you begin to take steps to ease the pain, the better. Pain medicines work best when you start taking them before pain becomes severe. Don't let fear of being "addicted" to pain medicine or fear of seeming "weak" keep you in pain. In fact, medicine to ease pain can be as vital to feeling better as other aspects of your cancer treatment. Without pain, you can be more active and live a fuller life.
- Remember that most aches and pains do not mean your cancer has come back. First, be sure to find out what body changes might signal a return of cancer. Tell the doctor right away if these occur. Second, visit or talk to the doctor if any symptom – or fear – doesn't go away after a few days. Over time, most survivors become less anxious about these problems.
- Tell those close to you about the results of your checkups. A simple "everything looks good" can reassure the people who care about you. Some of your friends or family may hesitate to ask how you're doing for fear of seeming nosy or pushy. But they can feel worried or frustrated when they don't know what's happening.
- Get copies of your medical records. In most states, you have a legal right to these records which you can get from the medical records department of your clinic or hospital. Your records are important because future decisions about your care may depend on the type of treatment you have had in the past. If you move or go to several doctors, no one but you will have your complete history. You can also double check that information given to insurers or others about your health is correct.
- Protect your right to privacy. Ask your doctor if anyone will have access to your records. When you sign an "Informed Consent" form, you may be allowing release of your records to a third party. If this makes you uncomfortable, cross out that clause or write in new wording that you can accept.

This information has been adapted and excerpted from *The Journey Forward: A Guide for Cancer Survivors*, which was prepared specifically for Native Americans by the National Cancer Institute. The publication includes additional information including coping with body changes, taking care of your feelings and coping with survivor stress. To order the publication, call the Cancer Information Service at 1(800) 4-CANCER.

Basic Health Care for Cancer Survivors

- Decide who will provide your cancer follow-up care and other medical care. For example, you may have the doctor who cared for your cancer treatment provide follow-up care, or you may choose another doctor who specializes in long-time cancer follow-up. For other medical care, you can continue to see your family doctor and medical specialists as needed.
- Get regular checkups. In general, people who have been treated for cancer see their doctor every three to four months at first, and once or twice a year later on. Long-term cancer survivors need a physical exam every year to check for the return of cancer, a second cancer, late effects of cancer treatments and unknown or unusual treatment side effects. Ask your doctor how often you should be checked.
- Be alert to signs of a possible return of cancer and late effects of treatment. Ask your doctor which symptoms to look for and what to do it they occur.
- Get tested as needed for other cancers. Your doctor can tell you how often you should have tests. With early detection, these cancers often can be controlled.
- Have good health habits. Eating healthy food, getting enough sleep and exercise will help you feel better.

Native Americans and Tobacco Use

(continued from pg. 21)

Why do so many people smoke despite the health risks? Tobacco is a very seductive drug. Not only does nicotine, the addictive substance in tobacco, cause physical effects throughout the body, it goes almost straight to the brain where for a short time it lifts spirits and soothes anxiety. Social rituals associated with lighting up also work to calm anxieties. When you stop smoking, nicotine levels drop, and jittery feelings and other physical symptoms begin and may last from a few days to several weeks.

- Nationally, every year smoking kills almost as many people as live in Tacoma, Spokane, Olympia and Lacey combined. Second-hand smoke causes an additional 53,000 deaths per year, more than the population of Bremerton.
- Smoking causes cancer of the lung, larynx, mouth, esophagus and bladder. It is a contributing factor for cancer of the pancreas, kidney and cervix.
- Smoking is the number one preventable factor in heart attacks and heart disease.
- Smaller babies, miscarriages, sudden infant death syndrome, premature birth and birth defects have all been linked to smoking.
- Cigarettes are the number one cause of house fires.
- Smoking kills twice as many people each year than AIDS, fires, car accidents, suicide, homicide, heroine, crack, cocaine and alcohol *combined*. Among any group of 1,000 20-year-old smokers, about six will die from homicide, 12 from car accidents, 250 in middle age from smoking and another 250 in old age from smoking.

Facts & Tips

- The "up" feeling smoking produces comes from nicotine and other chemicals that mimic the effects of the part of the brain that plays a role in mental alertness and memory. Eating healthy food and taking a high-potency multivitamin daily can help boost your brain chemistry levels and reduce the need to smoke.
- Don't want to quit because you're afraid you'll gain weight? Try exercising regularly and keeping your hands busy. Keep healthy "rabbit food" on hand, such as carrots, celery and cucumbers. In addition, try hobbies such as painting, knitting or woodworking.

Supplements Can Help You Quit

Tobacco addiction is one of the most difficult habits to break, but it's never too late to commit to quitting. Hang in there, though, through the rough early stages when withdrawal symptoms are highest. Smokers who quit for more than three months have much greater success than those who quit for less time.

Regardless of how long you've smoked, your body starts repairing itself as soon as you quit. Within three months of quitting, lung capacity increases. After about 15 years, most of your health risks due to smoking are erased.

Several natural supplements can boost your chances of success by helping you deal with cravings and reduce the anxiety that often comes with quitting. Used for several weeks or months, they can help you get through that difficult time. All can be taken with other stop-smoking aids, such as a nicotine patch or gum, or under your doctor's supervision, with antidepressant drugs.

Because smoking depletes vitamins B and C in the body, restoring those levels can be done by supplements. Below are some suggested uses for supplements to help ease the withdrawal from cigarettes.

Supplement Recommendations

Supplement	Dose	Comments	Benefits
Vitamin B complex	1 pill twice a day with food	Look for a B-50 complex with 50 mcg vitamin B12 and biotin; 400 mcg folic acid; and 50 mg all other B vitamins	Promotes healthy nerves, lessens anxiety
Vitamin C	2,000 mg 3 times a day	Will likely loosen stools. Use buffered powder form for reduced stomach irritation	Helps mop tobacco toxins; helps ease cravings and withdrawal symptoms
Baking soda	1 tsp. in glass of water twice a day	Don't take if you must restrict sodium or have an ulcer	May provide short-term relief from tobacco cravings
Oat extract	1/4 tsp. tincture 4 times a day	An alcohol-based extract, also called avena sativa	Used by healers in India for centuries to treat addiction
Kava	250 mg 3 times a day	Standardized to contain at least 30% kavalctones	May help calm withdrawal jitters
Niacinamide	500 mg twice a day between meals	Long-term use can cause liver damage and other serious side effects; physician monitoring necessary	Lessens anxiety
Pantothenic acid	500 mg twice a day	Use calcium pantothenate, the least expensive form	May reduce stress

Source: The Healing Power of Vitamins, Minerals and Herbs, Reader's Digest Health and Science Books, (1999) page 205/206.

Zelda's Story: All in the Family

by Patricia Provo

"Aunties:" From left to right are Zelda's sister Blanche Simmons, niece Carmen Kalama, twin sister Zelma McCloud, Zelda Thompson herself, and sister Mildred Ikebe.

There is a common strength in the women of Zelda Thompson's line that is almost recognizable once you know the signs. Hard work is one sign; community service and family values are others.

For example, even at age 70, Zelda still works six hours a day, four days a week at the gift shop at the Nisqually Tribe's Red Wind Casino. Her mother, Alice Jackson-Kalama, also worked into her 70s helping Zelda and her husband, Edgar, when they ran the old Staatz Dairy Farm in the Nisqually Valley. Zelda's twin sister, Zelma, continues to direct the Elders' Meal program for the Nisqually Tribe. Then there is the niece on Tribal Council, and so on. Add to that numerous volunteer activities and tribal committees each are involved in, and you have a clan of women that sets a high standard for those to come.

That is how it's always been, Zelda says. "My mother had 12 children - 5 boys and 7 girls. She never went to the doctor to have any," she says. "She was Puyallup/ Cowlitz on one side, Nisqually on the other."

Although she watched her mother "use things from the earth" to address health problems, Zelda did not hesitate from the beginning to get involved in the Tribal Health Clinic's Breast and Cervical Cancer Early Detection Program.

That's because another trait in the family is cancer.

"Mother died of cancer but we never really knew what kind. My sister Carmen died of a heart problem but cancer was present too." Another sister, Sadie, had cancer as well, but Zelda cannot recall what kind. A third sister, Blanche, recently recovered —remarkably well, for 81 years of age—from colon cancer surgery. A fourth sister – Zelda's twin—had ovarian cancer, but recovered after a hysterectomy. Hardest of all, however, was the loss her 47-year-old niece, Lonzie Kalama, to breast cancer. "She was so young," Zelda says.

The irony in Lonzie's death, is that she was the Community Health Representative for the tribe. Furthermore, Lonzie kept the lump she discovered in her left breast a secret for almost two years—not only from the family, but from the doctor as well, notes Lonzie's older sister, Marie Kalama.

"I got suspicious when a last will and testament class came to the tribe and she kept pushing me to make sure I did one," Marie recalls. And when the mammogram screening program started up, Lonzie would schedule Marie without asking first. "She'd just say, 'I have you signed up for this time. Call me if you can't make it.' It seemed pushy, but I thought she was just taking care of me."

Lonzie's own first mammogram screening confirmed her suspicions. That's when she shared the news with Marie. "But it wasn't until she went in for a biopsy that she told me anything," Marie adds.

The malignant lump had become sizable enough that Lonzie underwent a mastectomy immediately. "Not too long after that she developed colon cancer," Marie says. The family lost Lonzie within the year.

"Like Lonzie, most of us would not have mammograms if it wasn't available at the tribe," she notes. The biggest heartache of all for Marie, though, is wondering if the death of Lonzie and others could have been prevented had the program been available during the early stages of the0 cancer. "Maybe some of these people would still be here."

Even with a history of cancer all around her, Zelda maintains that she wasn't worried when she got a call from the clinic after her last mammogram screening. She was advised to have a second, more detailed mammogram test. "I asked them what they were looking at and they said they saw a mass with little tails on it. They said they didn't know if it was benign."

Zelda immediately went to Capital Medical Center for an aspiration biopsy. "I had to lay face down on a table with a hole in it for my breast." The procedure took about 30 minutes and required that a long needle be inserted to withdraw part of the mass. "When it was over, the doctor told me he was surprised they never heard a peep out of me. Somewhere along the line, I'd heard that it hurts less if you relax."

Zelda had the results back in less than five days. The mass was benign. "I wasn't walking in the dark very long," she says. "It did get a little scary but I prayed and I know others were praying for me too. Prayer just works in my life."

Faith, it's another common family trait.

"It's true that she didn't seem to be real alarmed about the mass they found," says niece Carmen Kalama. "The way she told me influenced my own reaction so I wasn't alarmed either."

"Zelda's faith is important to her," Carmen says. "It's important to a lot of us in the family. We just pray for the best." The family also takes each challenge in life as it comes, she says. Zelda is pleased, of course, that cancer has not been one of those challenges.

Make-up Tips

For Women Going Through Chemotherapy and Radiation Treatment

- Continue to put on your face every day—especially on days when you don't feel like it. When you look good, you tend to feel good.
- You may have to make changes in your cosmetic products. Chemotherapy can create changes in your hair and even in your skin. The color of eye makeup or powder that you used to wear may not be as complimentary now. Use cosmetic samples to experiment with new products until you find something that works well for you. Avon has a number of samples available. Contact 1(800) 367-2866 if you do not already know an Avon representative.
- Cosmetologists at major department stores such as the Bon Marche, (360) 534-7000, are eager to suggest a number of products that help balance the effects of chemotherapy on the skin. One overnight moisturizer, for instance, contains beta-hydroxyl, which helps to remove dry skin while, at the same time, locks in moisture.
- If you have long hair, ask a friend to braid it for you, even if it is thinning. A braid will last for a few days—which means less daily fussing. It also gives a tidy appearance while resting in bed.
- Ask friends for feedback—we can't always tell if the colors we choose accent our eye color or our skin tone in the best way. In no time, you will learn what looks best to you.
- If you are not comfortable with people seeing you without hair, experiment with hats, scarves and wigs. Find something that makes you feel good when you look in the mirror. Or call the American Cancer Society's "Look Good, Feel Better" program at 1(800) 729-1151, extension 3304. The ACS also has a free catalog entitled, TLC, for tender loving care, with all sorts of hats, scarves and wig accessory products. Call 1(800) 850-9445 to receive a copy. Be sure to also ask about the Hair Loss Resource Guide.
- Finding a new look can be fun and may provide a much-needed distraction from your pain. Ask a friend or relative to help discover your "new beauty" with you. Friends often want to help, but aren't sure how. Your invitation may provide just the activity they need to feel supportive.
- Once your treatment is finished and your hair begins to grow in, it may be a different color or texture than it was before. This is very common. Often it comes in looking healthier than before. In other words, just when you got the first new look down, you may have to adjust it all over again.
- Above all, it is very important to pamper yourself as much as possible during this time. Pampering helps with the healing process.

While going through chemotherapy treatments, Carmen Nukala used different make-up techniques to compliment her eyes and skin tone.

Not everyone loses hair during chemotherapy, although it is likely. If you do, below are some make-up techniques that will give the appearance of hair on your eyebrows and eyelids. The following make-up tips may take a little practice to get the results you like.

- Keep in mind your skin tone when looking for new colors. Green or blue eye shadows may have complimented your dark hair before. Now, however, it is the color in your face that you'll want to use as the basis for shadow choices.
- You may want to line your eyebrows and eyelids even if you did not do so before. This will give the appearance of hair. Use an eyebrow pencil for both. Also, use a brownish-black or auburn colored pencil if it goes well with your skin. True black will appear harsh and unnatural.
- Look closely at your brow. There are likely to be tiny hair follicles that are still visible. Use the line of remaining hair as your pencil guide. If you see none, follow the natural peak of the brow, paying attention to how the brow line arches over your eyelid.
- Next, take the tip of the pencil and, with patience, create brush strokes that have tiny tails on the end. Continue across the brow with short soft strokes. Do not make one straight line.
- Your eyebrow pencil likely comes with a brush on the other end of the handle. Use it to softly blend the pencil marks. If there is no brush, use the tip of a new eye shadow applicator (so there is no residual shadow color,) to do the same. Move in the direction of the pencil strokes to create a natural look.
- Do the same on your eyelid with smaller strokes. For a guide, you may want to first make a light pencil mark along the lid and then go over it with soft strokes. Again, blend it with a soft brush or applicator.
- Another idea is to consider wearing false eyelashes instead of lining your lid. Brands in the medium cost range look natural if they are first cut to a shorter length before applying. Follow the instructions on the package. Some women successfully wear their eyelashes for days, while others find they need to remove and re-apply them daily.

Special thanks to Gretchen McKim, a breast cancer survivor who now volunteers her time in Seattle to coordinate the American Cancer Society's "Look Good, Feel Better" program.

As little as 150 years ago, grandmothers and mothers taught their daughters, through example and traditional methods, how wholistic health integrates with the experience of life and death, war and famine, of celebration and honor, as well as with family and community discipline. These practices contributed significantly to peaceful, self-sufficient communities for thousands of years.

Today, the tradition of inter-generational and inter-tribal sharing continues with SPIPA's Women and Girls Gathering. Each summer, nearly 300 women—grandmothers, mothers, aunties, daughters and cousins—from the Shoalwater Bay, Skokomish, Chehalis, Nisqually, Squaxin Island Tribes (and other nations), camp for four days along the shores of Summit Lake near Olympia. They bead earrings and weave baskets. They make drums and share meals together. They attend healing workshops and ceremonies. Most importantly, however, whether making traditional crafts or telling stories, they gather to remember—and to teach their young—that as women, they are indeed, the backbone of their communities, in sickness *and* in health.

Following, is one of the crafts, offered by Kim Heller, at the Women and Girls Gathering.

The Simple Art of Flower Pounding

Kim Heller, Squaxin Island descendant

While teaching flower pounding at the Women and Girls Gathering, I was touched at the thoughtfulness of the younger girls. Several pre-teen and teen girls wanted to make something to give to a family member. Also, the older girls always took time to help the younger ones and after their own projects were done, patiently waited and encouraged the younger girls to finish.

Everyone personally thanked me before they left and many also gave me hugs. It was a great experience and one I will not soon forget.

Flower pounding is an ancient craft that was done before we had access to paints. I learned of this craft years ago when I was taking painting classes from an elder. Pounding flowers allows the extraction of natural dyes from flowers, leaving an imprint on fabric. Canvas and flour sack cloth takes color the best. I have experimented with several different types of flowers and found that pansies, geraniums, hydrangeas and roses work best. Some wildflowers also work well. Try the flowers you have access to and see what works. Also, harvest flowers in early morning before the sun dries them.

Supplies needed for this project are fabric, freshly picked flowers, plain copy paper, a hammer and a hard flat surface.

You can make a beautiful craft in just six simple steps:

1. Place a piece of paper on the hard, flat surface.
2. Position the fabric over the paper.
3. Position flowers face down on the fabric.
4. Add a piece of paper over the flowers.
5. Pound the paper in the area where your flowers are placed. It takes several good pounds for each flower.
6. Remove the top paper.

Toni Smith carefully places pansy and rose petals before pounding them onto the sackcloth tote bag.

Trudy Pulsifer begins to hammer flowers onto her sackcloth wall hanging.

The flowers should stick to the paper and leave a colorful imprint on the fabric. Do one small area of fabric at a time. Repeat the above process until the entire fabric is covered with flower imprints. You may place your flowers randomly or create a design. Let your creativity flow. The amount of fabric needed depends on the use. I have made decorative pillows of various sizes, kitchen towels, tote bags and shirts. I have also stretched and framed my fabric to create a piece of wall art. Using glass helps prevent fading. Before you use your fabric art, however, soak it in cold water with 1/2 cup white vinegar to every gallon needed to set the color. Once this is achieved, lay the fabric over a drying rack for a couple of hours until the imprints are thoroughly dry. Your creations should be hand washed in cold water as needed. The color will fade slightly after several washings.

Nova Pulsifer models the cotton blouse her mother Trudi, trimmed with flower prints.

Here's a simple and beautiful way to show how monthly breast self exams, together with regular repeat mammograms, can save your life.

The Breast Lump Necklace

You will need:

6 beads about this large (1/8")

2 beads about this large (3/16")
These are the average size of lumps (if present) found by regular and repeat mammograms

2 beads about this large (3/8")
This is the average size lump found by first mammograms

2 beads about this large (1")
This is the average size lump found by occasional breast self exams

2 beads about this large (1/2")
This is the average size lump found by regular breast self exams

1 bead about this large (1-1/2")
This is the average size lump found by women untrained in breast exams

2 buttons (approx. 1/2 inch)
2 buttons (approx. 3/4 inch)
2 buttons (approx. 7/8 inch)

1 light leather or sinew cording, cut to desired length

The color of your beads and buttons can be the same or mixed and matched as you please.

1) String three of the smallest beads (about 1/8 inch size) first.
2) Choose a bead from the next size up (about 3/16 inch size).
3) String one of the smallest buttons next (the 1/2 inch size).
4) Choose a bead one size up from the last one strung (about 3/8 inch size).
5) String a button one size larger than the last one chosen (the 3/4 inch size).
6) String one of the 1 inch size beads.
7) Choose and string a 1/2 inch bead and a 7/8 inch button.
8) Put the 1-1/2 inch bead in the middle.
9) Now work backwards;
   Starting with another 7/8-inch button, a 1/2-inch bead, the 1-inch bead, the 3/4-inch size button, the 3/8-inch bead, the 1/2-inch button, the 3/16-inch bead and lastly, the three smallest beads (1/8 inch).
10) Tie off your necklace to desired length.

Resource List

Tribal Health Clinics

Chehalis Tribal Clinic,
P.O. Box 536, Oakville, WA 98568, (360) 273-5504

Skokomish Health Clinic,
N. 100 Tribal Center Road, Shelton, WA 98584, (360) 426-5755

Squaxin Island Health Clinic,
SE 90 Kla-Che-Min Drive, Shelton, WA 98584, (360) 427-9006

Nisqually Tribal Health Clinic,
4816 She-Nah-Num Dr. S.E., Olympia, WA 98513, (360) 459-5312

Shoalwater Bay Tribal Clinic, P.O. Box 500,
Tokeland, WA 98590, (360) 267-0119 (1800-841-2244)

Cancer and Wellness Support Programs

Reach to Recovery, Marlene Dixon. In Grays Harbor and Pacific counties, call (360) 533-2604.

A local chapter of a visitation program that gives moral and practical support to women with breast cancer in the hospital and at home.
(See article page 6 for more information.)

The Healing Path, Puyallup Tribal Health Authority at 2209 E. 32nd St., Tacoma, Washington 98404, or call (253) 593-0232, ext. 528. For individuals seeking healing for themselves, their families and their communities.

Native American Breast Cancer Survivor's Network, (303)838-9359 or e-mail natamlb@aol.com. The program also has a Web page at http://members.aol.com/natamcan. A national organization based in Colorado for Native American Women. Their goal is to improve the quality of life after being diagnosed with breast cancer for both the patient and her loved ones. **(See related article, page 7.)**

Accessories

If you plan to buy a cosmetic or prosthetic aid, contact your local American Cancer Society, Seattle office, 1(800) 729-1151, extension 3304, which has a list of stores that sell them. The local office also offers a "wig bank," a collection of wigs given free of charge to cancer patients. Also, some insurance policies cover certain cosmetic aids.

TLC, (Tender Loving Care), American Cancer Society, Seattle office: 1(800) 729-1151, ext. 3304. A free catalog that specializes in accessories for women going through chemotherapy treatment.

Hair Loss Resource Guide, American Cancer Society, Seattle office: 1(800) 729-1151, extension 3304. A resource guide for other catalogs and services for hair loss during chemotherapy treatment.

American Cancer Society's "Look Good, Feel Better" program, Seattle office: 1(800) 729-1151, extension 3304. A class on cosmetic and accessory tips for women going through chemotherapy treatment.

Other resources: Many books discuss making the most of your appearance after cancer and provide sources for cosmetic aids. Check local libraries or bookstores.

Brochures

Breast Cancer, Native American Women's Health Education Resource Center, (605) 487-7072. Presents facts about breast cancer and discusses risk factors.

Does Your Child Smoke? American Indian Health Care Association, (612)293-0233. Explains affects of second-hand smoke on children.

Get Relief from Cancer Pain, Cancer Information Service, 1(800)4-CANCER. Easy-to-read guide on why pain control is important and how to work with your doctor to get the pain treatment you need.

Let's Eat Healthy! Five Simple Tips to Lower Dietary Risk of Cancer, Wake Forest University, (919)716-4565. Targeted to Indian peoples.

Little Sister Mouse, Roberta Cady, R.N., Northern Cheyenne Public Health Nurse, Birney Montana 59012. Tells the story of little sister mouse who lives in the here and now and the noble eagle who teaches us to listen and look. Includes seven possible warning signs of cancer.

Taking Time: Support for People with Cancer and the People Who Care About Them, Cancer Information Service, 1(800)4-CANCER. Discusses how to deal with the disease and how to talk with friends, family members and others about cancer.

Traditional Use of Tobacco, American Indian Health Care Association, (612)293-0233. Explains traditional use of tobacco by many Native Americans in spiritual ceremonies.

Sexuality and Cancer: For the Woman Who Has Cancer and Her Partner, American Cancer Society, 1(800)ACS-2345. Discusses sexuality, cancer and cancer treatment.

When Cancer Recurs: Meeting the Challenge Again, Cancer Information Service, 1(800)4-CANCER. Explains the ways that cancer may recur and types of treatment and methods of coping with recurrence.

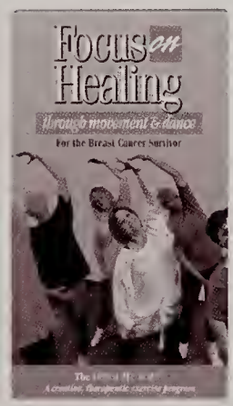
Withdrawal from Smoking: Dealing with the Effects, American Indian Health Care Association. (612)293-0233. Offers suggestions for dealing with effects of quitting smoking.

Videos

Better Choices: The American Cancer Society's Program to Help You Reduce Your Risk of Cancer, (206)283-1152. Ways for Native Americans to reduce their risk of cancer by healthy lifestyle choices. Also available in pamphlet form.

Echoes of the Sisters: An American Indian Women's Breast Cancer Video. Center for American Indian Research and Education, (510)843-8661.

Focus on Healing through Movement and Dance for Breast Cancer Survivors, Sherry Lebed Davis. Enhancement, 1998. 1(800)366-6038.



It's Your Life – It's Our Future: Stop Smoking Guide, American Indian Cancer Control Project. (510)843-8661. Also available in pamphlet form.

A Significant Journey: Breast Cancer Survivors and the Men Who Love Them. American Cancer Society, Seattle office: 1(800) 729-1151, extension 3301. A 20-minute video of candid conversations with breast cancer survivors and their husbands and partners.

Internet

American Cancer Society, Reach to Recovery – Look Good, Feel Better program.
http://www.cancer.org
or call **1(800)395-LOOK** (Seattle number).

Cancer Care, http://www.cancercare.org

National Cancer Institute/CancerNet,
http://cancernet.nci.nih.gov/

Northwest Portland Area Indian Health Board,
http://www.teleport.com/~npaihb/

Tribal Connections in the Pacific Northwest,
http://www.tribalconnections.org

Other Resources

If you are age 65 or older, have had a mastectomy and want reconstructive surgery or a prosthesis, contact your local Medicare office. Medicare covers either of these if necessary due to a mastectomy. Coverage is the same in all states.

On the back cover is the "ancestor quilt" made by Shoalwater Bay tribal members.
See related story on page 24.

South Puget Intertribal Planning Agency's
Breast and Cervical Cancer Early Detection Program
is funded by Centers for Disease Control and Prevention